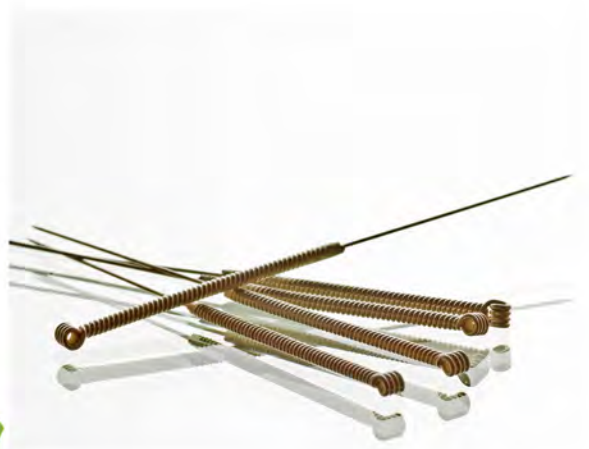




**National
Certification
Commission for
Acupuncture and
Oriental
Medicine**



**NCCAOM[®] Candidate
Preparation Handbook for
*Oriental Medicine Certification***



2018

2018
NCCAOM® Candidate Preparation Handbook
for
Oriental Medicine (OM) Certification



All NCCAOM certification programs are accredited by the NCCA®.

NCCAOM®
2025 M Street NW, Suite 800
Washington D.C., 20036
(202) 381-1140 (Phone) • (202) 381-1141 (Fax)



Table of Contents

Introduction	3
Exam Development	4
Standards	4
Job Analysis	4
Item Writing	5
Item Review.....	5
Exam Administration	6
Exam Day – Be Prepared!	6
Confidentiality – IMPORTANT!	6
Exam Format.....	9
Exam Content Complaints	9
Exam Scoring & Results	10
Exam Scoring.....	10
Exam Results Notification	10
Exam Results/Score Verification.....	11
Retaking an Exam	11
45 Day Wait Rule	11
Five Time Rule.....	11
2018 Expanded Content Outlines	12
The Foundations of Oriental Medicine Expanded Content Outline	12
The Biomedicine Expanded Content Outline.....	21
The Acupuncture with Point Location Expanded Content Outline.....	33
The Chinese Herbology Expanded Content Outline.....	40
Bibliographies	51
Foundations of Oriental Medicine Bibliography	52
Biomedicine Bibliography.....	53
Acupuncture with Point Location Bibliography	54
Chinese Herbology Bibliography.....	56
Examination Nomenclature Cross-Reference	57
Sample Questions	59
Foundations of Oriental Medicine	60



Biomedicine..... 61

Acupuncture with Point Location 62

Chinese Herbology..... 63

Frequently Asked Questions 64

 About the Exams 64

 Approved Candidates Scheduling an Exam 67

 Taking the Exam..... 69

 Exam Scoring & Results 71



Introduction

Passing the Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology exams is one required step to becoming an NCCAOM® Diplomat of Oriental Medicine, and demonstrates a candidate possesses the core knowledge, skills, and abilities expected of an entry-level practitioner of Oriental medicine. This handbook is designed to assist candidates preparing to take these exams. All exam preparation materials published by the NCCAOM and available information related to the examinations are contained within this document.

Please note that candidates for NCCAOM® Certification in Oriental Medicine are applicants who have met all academic and/or training requirements and have qualified by one of the established eligibility routes published in the [NCCAOM® Certification Handbook](#), available on the NCCAOM website at www.nccaom.org. If your application has not been approved and/or you have questions about the application process, please refer to the [NCCAOM® Certification Handbook](#) or email info@thenncaom.org for more information. This document focuses on assisting candidates in preparing for and taking the exams as well as understanding exam processes from content development through score reporting.

Passing all required NCCAOM exams does not automatically result in certification. In addition to fulfilling all requirements of the qualifying eligibility route, first-time applicants must successfully complete the Clean Needle Technique (CNT) course administered by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM). Candidates must then request that the CCAOM send verification directly to the NCCAOM to satisfy this requirement. More information is available on the CCAOM website at www.ccaom.org. A candidate's CNT certificate can be submitted before or after the candidate has applied to take the NCCAOM certification exams, but the NCCAOM recommends that the CNT course be completed prior to taking the Acupuncture with Point Location and Biomedicine exams. Please refer to the [NCCAOM® Certification Handbook](#) or email info@thenncaom.org for more information about the Clean Needle Technique requirement.

The NCCAOM encourages candidates to read this Handbook in its entirety to familiarize themselves with all examination policies and procedures.



Exam Development

Standards

The Acupuncture, Chinese Herbology, and Oriental Medicine certification programs are accredited by the National Commission for Certification Agencies (NCCA), an organization that enforces testing industry standards to help ensure the health, welfare, and safety of the public. In order for the NCCAOM Oriental Medicine program to remain accredited by the NCCA, the NCCAOM must adhere to strict national standards outlined in the *Standards for the Accreditation of Certification Programs*. All NCCAOM exams must meet test development Standards set forth by the NCCA.

Job Analysis

The foundation of a fair, relevant, and legally-defensible professional certification program is a well-designed and executed job analysis (JA) study. A JA study establishes the link between competencies assessed by the examination and what practitioners actually do on-the-job. This link ensures that all exam pass/fail decisions correlate to practitioner competence. To keep examination content relevant to current practice, the NCCAOM conducts a JA study at a minimum of every 5 years.

The current examination content outlines contained in this handbook are based on the results from the [2013 Job Analysis study](#). During a JA study, a Panel of subject matter experts (NCCAOM Diplomates who are experts in the field and represent the diversity of practice in terms of gender, ethnicity, geographic region of the United States, work settings, and years of experience) create a list of tasks and competency statements that describe the knowledge, skills, and abilities required for safe and competent practice as an acupuncturist. This list is converted into a survey that is distributed to all licensed acupuncturists to solicit feedback on the relative importance of each task and frequency of use in practice. In addition, survey respondents are invited to submit additional tasks that did not appear on the survey.

Survey results are analyzed by a psychometrician to determine the criticality of each task and ensure representativeness of the survey responses. Results of the statistical analyses are presented to the Panel of SMEs, who establish and apply decision criteria to determine which tasks should be tested on the exam and appear on the new content outlines. Through this rigorous process, the JA study provides validity evidence for the content of the NCCAOM exams and establishes the link between exam content and what practitioners do on-the-job.

This handbook provides the content outlines for each exam required for NCCAOM certification in Oriental Medicine. Each content outline describes the detailed competency/task statements and the distribution of test questions (items) across the various content areas of the exam, also known as Domains. Task statements provide candidate with additional information about the knowledge tested within each Domain.



Item Writing

After a new content outline is established based on the results of a JA study, exam items are written for each task statement. Each item must be “linked” to a Domain and task statement listed on a content outline. Items cannot appear on an exam if they do not test knowledge covered in the content outline.

Item writing events are conducted nationwide to assist the NCCAOM® Examination Development Committees (EDCs) in creating new items for the certification exams. The EDCs are composed of subject matter experts (SMEs) representing the diversity of practice in terms of gender, ethnicity, geographic region of the United States, work settings, and years of experience. The EDCs convene for the purposes of writing, reviewing, and revising exam items to meet strict content guidelines and test construction standards. New SMEs are trained to write high-quality multiple-choice items by experienced SMEs and the NCCAOM Testing staff. During item writing training, new SMEs learn about appropriate item formats and types, and factors that influence the cognitive complexity of an item. The NCCAOM provides SMEs with an item writing handbook which includes guidelines for writing high-quality items and what types of items to avoid (e.g., negatively-worded questions that use “not” or “except”). Sample items representative of ones you will see on the exams appear later in this Handbook.

Item Review

Once new items are edited for format and clarity, the EDC members review and approve them for use on an exam. Items must link to a task statement on the content outline and be current and accurate. Items must also have a single correct answer that can be verified by at least one reference. Revisions are made to an item until all SMEs agree that the item meets NCCAOM guidelines and is appropriate for use on the exam.

All new items must meet psychometric standards before being used in a scored position on an exam. In other words, new items never count toward a candidate’s total score until statistical analyses are conducted to demonstrate they meet psychometric standards. Items not meeting psychometric standards are flagged and must be reviewed by subject matter experts to determine whether they are flawed. Flawed items are not used for scoring and must be revised before they can be included in scored positions on the exam so as not to disadvantage candidates.

The NCCAOM applies very strict standards and every effort is made to avoid errors in test items and ensure that all items used in scoring are fair and appropriate.



Exam Administration

Exam Day – Be Prepared!

Plan to arrive at the test center early. Candidates who arrive after their appointed time will not be allowed to take the exam, and all fees paid for that exam will be forfeited. Candidates are advised to carefully review Pearson VUE's policies before arriving at the test center and be sure to follow all instructions provided by test center staff during the exam and the check-in/out processes.

Candidate must bring the following identification to the test center:

1. NCCAOM® Authorization to Test Letter
2. Current, valid identification (ID) with photo and signature: Driver's license **OR** a government ID with photo and signature and a second ID with a signature.

If you have misplaced your NCCAOM® Authorization to Test (ATT) Letter, please email info@thenccaom.org. The name on the ATT Letter must exactly match the name on the ID card, and the ID must be current/valid (not expired). If not, the candidate will not be allowed to take the exam, and all fees paid for that exam will be forfeited. Pearson VUE has the right to refuse IDs that are damaged (e.g., cracked, broken) or otherwise deemed unacceptable according to their policies.

The Pearson staff will review your identification, take your photograph, and conduct a Palm Vein Test (PVT). PVT is a standard procedure that:

1. ensures each test taker has a single record,
2. represents a virtually error-free identification system that is non-intrusive to the user,
3. increases accuracy and security around the candidate check-in and check-out procedures, and
4. verifies repeat test takers and candidates as they enter and exit the test center.

You will also be asked to provide your signature to ensure it matches the signature provided on your ID.

No personal items are allowed in the testing room (e.g., wallet, cell phone, food) and you will be asked to empty your pockets and put any personal items in a test center locker before being admitted to the testing room. Please note that for security purposes there is video surveillance throughout the test center and candidates will be audio and videotaped during the check-in and check-out processes and their examination. For additional information please visit the [NCCAOM Certification Testing](#) page on the Pearson website (<http://www.pearsonvue.com/nccaom/>).

Confidentiality – IMPORTANT!

After a candidate completes the check-in process and is seated at a computer, the candidate must agree to the *NCCAOM® Non-Disclosure Agreement and General Terms of Use for NCCAOM Exams*. Candidates have five (5) minutes to review the agreement and **select “I agree” to begin the exam**. If a candidate does not accept the agreement within the allotted time,



the exam will terminate. The candidate will not be allowed to continue with their exam and their exam fees will not be refunded.

According to Pearson VUE rules, you may not begin writing on your note board until your test has been started. Therefore, candidates should not use their note boards until after they have agreed to the Non-Disclosure Agreement (NDA). **If your exam terminates because you were writing on your note board during the NDA, Pearson VUE will not be able to start your exam again, you will forfeit all the fees paid for the exam, and you will have to reregister and pay full fees for the exam if you wish to take it again.** See below for the complete terms of the NDA which will be presented to you at the test center.

Non-Disclosure Agreement and General Terms of Use for NCCAOM Exams

“I have read and understand the Examination Instructions. I have agreed to abide by the NCCAOM® Grounds for Professional Discipline and acknowledge that if I am caught cheating on this examination, including the sharing of information after the examination is complete; I will be subject to review by the Professional Ethics and Disciplinary Committee of NCCAOM. If I am found to have violated the Grounds for Professional Discipline, I understand that my scores will be cancelled, and I may not have the opportunity to test again.

Additionally, I understand that this exam is confidential and is protected by trade secret law. It is made available solely for the purpose of becoming certified by NCCAOM. I am expressly prohibited from disclosing, publishing, reproducing, or transmitting this exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

I am the candidate whose name appears on the initial screen and as an affirmation to the Statement of Acknowledgement I signed when submitting my application. I acknowledge that I am prohibited from transmitting information about NCCAOM examination questions or content in any form to any person or entity. I also acknowledge that if I suspect a violation on the part of others, it is my responsibility to report these actions to the NCCAOM.”

The NCCAOM is committed to the integrity and security of its examinations. Candidates have a duty to maintain strict confidentiality with respect to the content of the examinations and comply with all examination security policies and procedures. Any breach of confidentiality that may compromise the security of the examination content (e.g., sharing or receiving information about the examination from another person including teachers/professors, before, during, or after the examination) will be grounds for disciplinary action, including but not limited to denial or revocation of certification by the NCCAOM. Likewise, any act, either intentional or unintentional, that violates examination rules will be grounds for disciplinary action by the NCCAOM. Proctors are responsible for reporting to the NCCAOM any candidates who:

1. may have caused a disruption or interruption during the examination period,
2. violated procedural rules before or during the examination, and/or
3. appeared to engage in a method of cheating or seeking unfair advantage either before or during the examination.



The NCCAOM will review these reports and apply appropriate disciplinary sanctions. Strict adherence to NCCAOM examination policies and procedures is enforced without exception. Participation in any examination policy violation(s) occurring during, or in connection with, an examination may be sufficient cause for the NCCAOM, at its sole discretion, to terminate your participation, invalidate the results of your examination, seek monetary compensation, deny your application for certification, or take other appropriate action at any time, including but not limited to disciplinary action such as suspension or revocation of certification. Violations of examination policies include but are not limited to the following actions:

1. Talking with anyone, except the proctors, inside or outside the examination room during the examination period.
2. Giving information about the examination to another person before, during, or after the examination. This includes memorizing sections of the examination for use by others.
3. Phone calls or communication by electronic or other means with anyone or anything inside or outside of the examination room during the examination period.
4. Passing or attempting to pass information of any type to another candidate during or after the examination administration.
5. Possessing any extraneous items during the examination period, including but not limited to: books, paper (including scrap paper), notes, note cards, post-it notes, measuring devices (including rulers and calculators), dictionaries (electronic or printed), beepers, cell phones, cameras, and other electronic devices.
6. Writing on any part of the body or clothing before or during the examination period.
7. Communicating with anyone other than a proctor in the case of a site irregularity in which you must exit the examination room (e.g., fire drill, power outage, medical emergency, etc.), except communications as required because of the emergency. This includes communicating with other candidates while waiting to re-enter the test site, looking at notes or books, and/or re-entering the test site without the expressed permission of the proctors.
8. Accessing notes, cell phones, calculators, beepers, other electronic devices or individuals from any location either inside or outside the examination room including bathrooms, cars, snack areas, etc.
9. Writing on the desk, other furniture, clothing, or body in the examination room before or during the examination.
10. Allowing visitors into unauthorized areas of the examination site.
11. Impersonating, or attempting to impersonate another candidate, or allowing another person to take the examination on behalf of the candidate.
12. Failure to report any examination irregularities, cheating, or other inappropriate behavior. Cheating of any kind that has taken place before, during or after the examination must be reported. It is a candidate's responsibility to report to NCCAOM any site irregularities or testing violations before, during, or after the examination takes place.



Exam Format

The Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology examinations are administered in computer adaptive format, commonly referred to as computerized adaptive testing (CAT). Each exam consists of 100 multiple-choice questions with a 2.5-hour time limit.

In an adaptive exam questions are selected for candidates according to the assigned domain percentages from the [exam content outline](#). Within each domain, questions are selected to match candidate ability. What this means is that a candidate's correct or incorrect answer to a question determines the next question they receive. If a question is answered correctly, the next question selected is more difficult. If a question is answered incorrectly, the next question selected is easier. Because the correct or incorrect answer to each question is used to select the next question, candidates are not able to change their answers to previous questions.

Exam Content Complaints

Candidates may submit concerns, believed errors in items, or comments about specific aspects of the exam content, in writing, to the NCCAOM (examcontent@thenccaom.org) within 30 days of taking the examination. Be as specific as possible when challenging an item. Only individual items will be reviewed, and reviews are not conducted on a candidate's entire exam. The written complaint must include the candidate's name, address, test date and location, exam taken, and a description of the specific item or concern. Failing an examination alone is not sufficient grounds to submit a complaint. The item(s) and concern(s) will be presented to the respective NCCAOM Examination Development Committee (EDC) for a final determination. If the item(s) under review is/are found to be flawed, the candidate's examination will be rescored. The candidate will be notified in writing within 45 business days of the results of their complaint. No information regarding the specific item(s) will be discussed with candidates.

Please note that the NCCAOM never releases copies of examinations or individual items. This follows best practices and Standards within the licensure and certification testing industry and protects the integrity of the examination content. It is imperative that candidates refrain from discussing the content of the exam with anyone other than the NCCAOM Testing Department. Doing so is a violation of the *Non-Disclosure Agreement and General Terms of Use for NCCAOM Exams* which could result in disciplinary action.



Exam Scoring & Results

Exam Scoring

There is no predetermined number of items that must be answered correctly to pass an adaptive exam. It is not the number of correct answers that determines whether a candidate passes, but their overall score based on the difficulty of the items answered correctly. The overall score required to pass the exam is set by a group of practicing, licensed, and Board-certified acupuncturists during a process called standard setting. For additional information, read [General Considerations for Setting a Passing Standard](#), and [Equating and Scaling: Assuring the Highest Level of Fairness for Examination Programs](#), accessible by clicking on the “Examination Results” link from the [Navigating the National Board Certification Process](#) page on the NCCAOM website.

A candidate’s raw score (the total number of items answered correctly), taking into consideration item difficulty, is transformed into a scaled score. Because each candidate answers a unique set of questions on an adaptive exam, scaled scores are reported to provide a direct comparison of performance across candidates and exams. This allows candidates to be held to the same passing standard regardless of which questions they receive. Scaled scores are measures of candidate performance, and the higher the score, the better the performance. Scaled scores range from 1 to 99, with 70 designated as the passing score. Scaled scores do not represent the percentage of questions answered correctly on the exam.

Exam Results Notification

Immediately after completing an exam at a Pearson VUE test center, candidates receive notification on-screen regarding whether they passed or failed the exam. These results are preliminary and are verified by a third-party testing company before becoming official. Official results letters are mailed to candidates within 20 business days of the test date. Candidates can track their examination results online by accessing their NCCAOM online profile account. Although every effort is made to ensure the accuracy of the information reported online, the mailed results letter is the official notification.

The candidate’s examination results are released to the ACAOM and their school/AOM educational program. Score information is used in aggregate to evaluate a program’s performance, which is required as part of the ACAOM accreditation process. Candidates can request that their exam results be sent directly to their state licensing Board, which may expedite the state licensure process.

If a candidate passes the exam, their official results letter does not display a numerical score. Failing candidates receive an overall scaled score and a performance breakdown across the major content areas/Domains of the exam. This information is provided to failing candidates only with the sole purpose of helping them understand areas of relative strength and weakness to prepare for their next exam attempt.



Exam Results/Score Verification

A candidate may request that their exam be rescored within 30 days of receiving initial notification that they failed the exam. The score verification process is simply a manual check of the computer's scoring, conducted by NCCAOM Testing staff, to ensure that all responses were accurately recorded. Score verification does not include a review of examination content or reconsideration of the correct answer to any item. Candidates who would like to submit a score verification request should email accounting@thenccaom.org to request the NCCAOM® Score Verification Request form. The form must be completed in its entirety and returned to the same email address along with payment information. There is a \$100 score verification fee per exam. Individual items and exam content will not be discussed or considered during the score verification process.

Please note that the NCCAOM does not encourage score verification requests. We enforce strict quality control procedures to ensure exam results are accurate before they are released to candidates. Every exam is scored independently by two professional testing companies to ensure each item is scored accurately and the overall score is correct. In addition, both testing companies have multiple checks in place to flag anomalies in test data that require investigation. Due to the thoroughness of the NCCAOM's examination scoring procedures, no errors have ever been identified from a score verification request.

Retaking an Exam

The NCCAOM strongly encourages any candidate who fails the exam to seek guidance on how to prepare for their next attempt. Speak with your school program director, a faculty member, or a mentor, or research reputable test preparation services or publications that can assist you. The Expanded Content Outlines and other resources in this Handbook are the best materials to use to prepare for the exam. The NCCAOM Testing staff cannot provide any additional guidance on how to prepare for the exam, nor can they recommend any specific courses for educational remediation.

45 Day Wait Rule

A candidate who fails an NCCAOM examination must wait 45 days from the previous test date before they can retake the exam.

Five Time Rule

Candidates are allowed a maximum of five (5) attempts to pass an exam. All exam attempts count toward this total, even if the exam was taken in a different format (i.e., linear) or language.



2018 Expanded Content Outlines

Based on the job analysis conducted in February 2013, the content outlines for the Certification in Oriental Medicine are included below. The competency statements are designed to help guide the candidates in studying for each examination. All the examinations administered in 2018 will be based on these content outlines. Each competency statement gives the candidate the level of competency expected for the particular content area listed on the outline. Please note that the Oriental Medicine Certification includes the content outlines for the following examinations: Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology.

The Foundations of Oriental Medicine Expanded Content Outline

(Effective as of February 1, 2014)

Note to Candidate: This document serves as a guide to assist in examination preparation for candidates who have met NCCAOM® eligibility requirements. Below is the content outline for the Foundations of Oriental Medicine examination, along with the competency statements.

DOMAIN I: Clinical Examination Methods (10% of Total Exam)

Collect and recognize clinically significant signs and symptoms.

A. Looking (Wang)

1. Spirit (Shen) appearance (including color)

- Observe outward manifestation of Shen (Spirit) (e.g., complexion, expression, demeanor, and general behavior)
- Identify and relate Shen (Spirit) to pattern/syndrome differentiation*

2. Face, eyes, nose, ears, mouth, lips, teeth, and throat

- Observe normal and abnormal conditions and changes of the face and complexion (including color, moisture, texture, and organ-indicative locations), eyes, nose, ear, mouth, lips, teeth and throat
- Identify and relate facial features to pattern/syndrome differentiation*
- Recognize pathological manifestations of the face, including color, moisture, texture, and organ-indicative locations



3. Tongue (body and coating)

- Observe normal and abnormal manifestations, patterns, conditions, and changes of the tongue and sub-lingual area
- Identify and relate features of the tongue to pattern/syndrome differentiation*
- Recognize pathological manifestations of the tongue and tongue coating, including color, size, moisture, texture, shape, position, movement, organ-indicative locations

4. Physical characteristics of the body

- Observe form, movement, and physical characteristics (e.g., head, hair, neck, back, chest, abdomen, extremities, nails)
- Identify and relate form, movement, and physical characteristics to pattern/syndrome differentiation*
- Recognize pathological significance of form, movement, and physical characteristics
- Observe conditions and changes of the skin
- Identify and relate conditions and changes of the skin to pattern/syndrome differentiation*
- Recognize pathological significance of conditions and changes of the skin
- Observe normal and abnormal excretions (e.g., phlegm, sputum, saliva, sweat, discharge, stool, urine)
- Identify and relate conditions and changes of excretions to pattern/syndrome differentiation*
- Recognize pathological significance of excretions

B. Listening and Smelling (Wen)

1. Sounds

- Listen to respiratory sounds
- Identify and relate respiratory sounds to pattern/syndrome differentiation*
- Recognize pathological significance of respiratory sounds
- Listen to tonal qualities, voice, and speech
- Identify and relate tonal qualities, voice, and speech to pattern/syndrome differentiation*



- Recognize pathological significance of tonal qualities, voice, and speech
- Listen to abdominal sounds
- Identify and relate abdominal sounds to pattern/syndrome differentiation*
- Recognize pathological significance of abdominal sounds

2. Odors

- Smell body odors
- Identify and relate body odors to pattern/syndrome differentiation*
- Recognize pathological significance of body odors
- Smell breath and mouth odors
- Identify and relate breath and mouth odors to pattern/syndrome differentiation*
- Recognize pathological significance of breath and mouth odors
- Smell excretions (e.g., sweat, urine, feces, leukorrhea, flatulence, wound exudates)
- Identify and relate excretions to pattern/syndrome differentiation*
- Recognize pathological significance of excretions

C. Asking (Wen)

1. Chief complaint

- Inquire about presenting complaint (onset, duration, location, nature, alleviation, aggravation)
- Inquire about the history and development of chief complaint
- Identify and relate chief complaint to pattern/syndrome differentiation*
- Identify appropriate additional questions based on examination findings and patients' response to inquiries

2. Current health conditions

- Conduct a review of systems, including the "Ten Questions" (Shi Wen)
- Identify and relate current health conditions to pattern/syndrome differentiation*
- Identify appropriate additional questions based on examination findings and patients' response to inquiries



3. Health history

- Inquire about personal health history, including previous symptoms, diagnoses, and treatments
- Inquire about familial history
- Identify and relate health history to pattern/syndrome differentiation*
- Identify appropriate additional questions based on examination findings and patients' response to inquiries

D. Touching (Palpation) (Qie)

1. Radial pulses (including the 28 Qualities)

- Identify the location of radial pulses
- Identify qualities of radial pulses (including rate, depth, strength, and shape) as indicators of patterns of disharmony and of normal and abnormal states of organ and meridian function
- Identify and relate radial pulses to pattern/syndrome differentiation*

2. Abdomen

- Identify, through palpation, normal and abnormal conditions of the abdomen (e.g., temperature, texture, shape, and pain)
- Identify abdominal regions representing organs and meridians
- Identify and relate abdominal palpation findings to pattern/syndrome differentiation*

3. Meridians

- Identify, through palpation, findings along the meridians (e.g., nodules, tenderness, numbness, temperature, sensitivity)
- Identify and relate meridian palpation findings to pattern/syndrome differentiation*

4. Other body areas

- Identify, through palpation, pain, body sensations (e.g., numbness, tingling, sensitivity), temperature changes, and quality of tissue (e.g., edema, hardness/softness, tension/flaccidity)



- Identify and relate palpation findings to pattern/syndrome differentiation*

*Pattern/Syndrome Differentiation:

- Eight Principles (Ba Geng)
- Organs (Zang Fu)
- Meridian/Channel (Jing Luo)
- Six Stages (Liu Jing)
- Four Levels (Wei, Qi, Ying, Xue)
- Five Elements (Wu Xing)
- Qi, Blood, Body Fluids (Qi, Xue, Jin Ye)
- Triple Burner (San Jiao)

DOMAIN II: Assessment, Analysis, and Differential Diagnosis Based Upon Traditional Chinese Medicine (TCM) Theory (45% of Total Exam)

Formulate a differential diagnosis (Bian Zheng).

A. Knowledge and Application of Fundamental Theory of TCM Physiology (Sheng Li), Etiology (Bing Yin), and Pathogenesis (Bing Ji)

1. Yin/Yang theory (e.g., Interior/Exterior, Cold/Heat, Deficient/ Excess)

- Describe Yin/Yang theory
- Evaluate symptoms according to Yin/Yang theory
- Identify pathologies according to Yin/Yang theory
- Apply Yin/Yang theory to clinical assessment

2. Five Elements theory (Five Phases/Wu Xing)

- Describe Five Elements theory
- Evaluate symptoms according to Five Elements theory
- Identify pathologies according to Five Elements theory
- Apply Five Elements theory to clinical assessment



3. Organ theory (Zang Fu)

- Describe Organ theory
- Evaluate symptoms according to Organ theory
- Identify pathologies according to Organ theory
- Apply Organ theory to clinical assessment

4. Channel theory (Jing Luo) (including Regular channels, Extraordinary channels, Luo-connecting channels, divergent channels, muscle channels, and skin regions)

- Describe Channel theory
- Evaluate symptoms according to Channel theory
- Identify pathologies according to Channel theory
- Apply Channel theory to clinical assessment

5. Essential Substances theory [Qi, Blood (Xue), Fluids (Jin Ye), Essence (Jing), Spirit (Shen)]

- Describe Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen)
- Evaluate symptoms according to Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen)
- Identify pathologies according to Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen)
- Apply Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen) to clinical assessment

6. Causes of Disease: External (Six Excesses [Liu Yin]), Internal (Seven Emotions), and Miscellaneous (diet, excessive sexual activity, excessive physical work or lack of exercise, trauma, bites, parasites, Phlegm, Blood stasis)

- Describe Causes of Disease
- Evaluate symptoms according to Causes of Disease
- Identify pathologies according to Causes of Disease
- Apply Causes of Disease to clinical assessment



B. Formulation of a Differential Diagnosis Based upon Chief Complaint (Zhu Su), Prioritization of Major Symptoms (Zhu Zheng), Knowledge of TCM Diseases (Bian Bing), and Pattern Identification (Bian Zheng)

1. Eight Principles (Ba Gang) (i.e., Yin/Yang, Interior/Exterior, Cold/Heat, Deficient/ Excess)
 - Describe Eight Principles differentiation
 - Assess and analyze signs and symptoms according to Eight Principles differentiation
 - Formulate a diagnosis based on the analysis of Eight Principles differentiation
2. Organ theory (Zang Fu)
 - Describe Organ pattern differentiation
 - Assess and analyze signs and symptoms according to Organ differentiation
 - Formulate a diagnosis based on the analysis of Organ differentiation
3. Channel theory (Jing Luo) (including Regular channels, Extraordinary channels, Luo-connecting channels, divergent channels, muscle channels, and skin regions)
 - Describe Channel theory
 - Assess and analyze signs and symptoms according to Channel theory
 - Formulate a diagnosis based on the analysis of Channel theory
4. Six Stages (Tai Yang, Yang Ming, Shao Yang, Tai Yin, Shao Yin, Jue Yin)
 - Describe the Six Stages differentiation
 - Assess and analyze signs and symptoms according to Six Stages differentiation
 - Formulate a diagnosis based on the analysis of Six Stages differentiation
5. Four Levels (Wei, Qi, Ying, Xue)
 - Describe the Four Levels differentiation
 - Assess and analyze signs and symptoms according to Four Levels differentiation
 - Formulate a diagnosis based on the analysis of Four Levels differentiation
6. Five Elements (Five Phases/Wu Xing)



- Describe Five Elements differentiation
- Assess and analyze signs and symptoms according to Five Elements differentiation
- Formulate a diagnosis based on the analysis of Five Elements differentiation

7. Qi, Blood, Body Fluids (Qi, Xue, Jin Ye)

- Describe Qi, Blood, Body Fluids differentiation
- Assess and analyze signs and symptoms according to Qi, Blood, Body Fluids differentiation
- Formulate a diagnosis based on the analysis of Qi, Blood, Body Fluids differentiation

8. Triple Burner (San Jiao)

- Describe Triple Burner differentiation
- Assess and analyze signs and symptoms according to Triple Burner differentiation
- Formulate a diagnosis based on the analysis of Triple Burner differentiation

9. Six Excesses (Liu Yin)

- Describe Six Excesses
- Assess and analyze signs and symptoms according to Six Excesses
- Formulate a diagnosis based on the analysis of Six Excesses

DOMAIN III: Treatment Principle (Zhi Ze) and Strategy (Zhi Fa) (45% of Total Exam)

Formulate treatment principle and strategy based upon differential diagnosis (Bian Zheng).

A. Treatment Principle Based upon Differential Diagnosis

1. Eight Principles (Ba Gang)
2. Organs (Zang Fu)
3. Meridian/Channel (Jing Luo)
4. Six Stages (Liu Jing)
5. Four Levels (Wei, Qi, Ying, Xue)
6. Five Elements (Wu Xing)
7. Qi, Blood, Body Fluids (Qi, Xue, Jin Ye)
8. Triple Burner (San Jiao)



9. Causes of Disease: External (Six Excesses [Liu Yin]), Internal (Seven Emotions), and Miscellaneous (diet, excessive sexual activity, excessive physical work or lack of exercise, trauma, bites, parasites, Phlegm, Blood stasis)
- Select appropriate treatment principle based on pattern/syndrome differential diagnosis

B. Treatment Strategy to Accomplish Treatment Principle

- Select appropriate treatment strategy (e.g., disperse, tonify, cool, warm) to accomplish treatment principle
- Prioritize treatment focus [e.g., Root and Branch (Biao Ben), acute/chronic, external/internal, Pathogenic Factors, constitutional, seasonal]
- Adjust treatment principle and/or strategy based on patient's response, disease progression, and lifestyle (e.g., substance use, smoking, exercise, diet)



The Biomedicine Expanded Content Outline

(Effective as of February 1, 2014)

Note to Candidate: This document serves as a guide to assist in examination preparation for candidates who have met NCCAOM eligibility requirements. Below is the content outline for the Biomedicine module, along with the competency statements.

Please note: In regard to Clean Needle Technique (CNT), the Biomedicine module focuses on universal precautions and emergency situations in comparison to the Acupuncture with Point Location module which focuses on actual needling and its emergencies (e.g., needle angle and depth).

DOMAIN I: Biomedical Model (90% of Total Exam)

A. Clinical Application of Biomedical Sciences (including anatomy, physiology, pathology, pathophysiology, etc.), Pharmacology, and Nutrients and Supplements **(30%)**

1. Biomedical sciences

- Differentiate normal and abnormal structures and functions of the body systems from the conventional biomedical perspective
- Recognize signs, symptoms, and morbidities associated with common medical conditions
- Demonstrate knowledge of medical terminology

2. Pharmacology

- Recognize functional classifications, mechanisms, side and adverse effects related to commonly used pharmaceuticals **(Refer to Appendix A: Pharmaceuticals)**
- Recognize routes of administration (e.g., intravenous, oral, subcutaneous)
- Demonstrate knowledge of the effects of the use of tobacco, alcohol, and other drugs of abuse
- Recognize common, known pharmaceutical-supplement interactions



3. Nutrients and supplements

- Recognize major classifications, known actions, and potential adverse effects related to commonly used nutrients and supplements (**Refer to Appendix B: Nutrients and Supplements**)
- Recognize signs and symptoms associated with abnormal levels of commonly used nutrients and supplements

B. Patient History and Physical Examination (25%)

Understand clinically relevant information gathered through history taking and physical examination.

Candidates are expected to understand all aspects of the physical examination process. They are not expected to be able to perform all aspects of the physical examination themselves.

1. Patient history*

- Conduct a medical interview to obtain patient history
- Organize information obtained during interview into appropriate sections of the patient history
- Distinguish the relevant findings obtained during history taking

*Patient History includes: chief complaint, history of present illness, allergies, past medical history, past surgical history, personal and social history, family history, current medications (prescription and non-prescription), herbs and supplements, review of systems

2. Physical examination

- Identify the components of the physical examination
- Recognize how each portion of the physical examination is performed
- Distinguish the relevant findings obtained from the physical examination



- a. General systems examination (e.g., vital signs, pulmonary, cardiovascular, gastrointestinal, integumentary)
 - Understand relevant examination techniques such as observation, auscultation, and palpation as applied to each system
 - Recognize how each portion of the general systems examination is performed
 - Distinguish the relevant findings obtained from the general systems examination
 - b. Musculoskeletal examination
 - Understand relevant examination techniques including, but not limited to, range of motion, muscle strength testing, deep tendon reflexes, dermatomal testing, and special tests including orthopedic tests
 - Recognize how each portion of the musculoskeletal examination is performed
 - Distinguish the relevant findings obtained from the musculoskeletal examination
 - c. Neurological examination
 - Understand relevant examination techniques including, but not limited to, assessment of cognitive function, evaluation of cranial nerves, sensory and motor function, and reflexes
 - Recognize how each portion of the neurological examination is performed
 - Distinguish the relevant findings obtained from the neurological examination
3. Imaging, laboratory tests, and other medical studies
- a. Imaging
 - Understand commonly used medical imaging studies (e.g., x-ray, MRI, CT, PET, colonoscopy, cystoscopy, bronchoscopy)
 - Recognize the significance of information gathered from imaging studies
 - b. Laboratory tests
 - Understand commonly used medical laboratory tests** (e.g., complete blood count, basic metabolic panel, urinalysis, liver panel, cardiac panel, thyroid panel, pregnancy test, and reproductive hormones)

***normal ranges will not be tested*



- Recognize the significance of information gathered from laboratory tests

c. Other medical studies

- Understand other commonly used medical studies (e.g., EMG, EKG)
- Recognize the significance of information gathered from these studies

C. Clinical Assessment Process **(30%)**

Interpret clinically significant information gathered during history taking and physical examination to recognize pathological conditions. **(Refer to Appendix C: Medical Conditions)**

- Recognize abnormalities in the function of the body systems including, but not limited to, respiratory, cardiovascular, urogenital, reproductive, nervous, integumentary, musculoskeletal, and gastrointestinal systems
- Distinguish between relevant and non-relevant findings
- Recognize typical presentations of commonly encountered medical conditions
- Recognize commonly encountered ominous signs including, but not limited to, medical red flags, mental health red flags, and signs of abuse and trauma

D. Clinical Decision-Making and Standard of Care **(5%)**

Analyze information to determine appropriate patient management.

- Recognize medical conditions that may be treated without referral
- Recognize medical conditions that require co-management
- Recognize medical conditions that require a referral
- Differentiate the most appropriate type of referral*** (emergent, urgent, or routine), i.e., the timeframe within which the patient should be seen
- Recognize the conventional biomedical prognoses, management, and/or standard of care for common medical conditions **(Refer to Appendix C: Medical Conditions)**

***emergent (immediate) referral; urgent (24 - 48 hours) referral; routine (48 hours - 7 days) referral



DOMAIN II: Office Safety and Professional Responsibilities (10% of Total Exam)

Recognize and implement appropriate office safety standards and demonstrate knowledge of professional responsibilities.

A. Risk Management and Office Safety

- Recognize situations that require special care or emergency management (e.g., burns, seizures, falls, anaphylaxis)
- Implement emergency office protocols including contacting emergency services as appropriate

B. Infection Control

- Identify commonly encountered communicable diseases (e.g., hepatitis, HIV, tuberculosis)
- Identify modes of transmission (e.g., airborne, fecal-oral) and appropriate preventive measurements for common communicable diseases
- Recognize the appropriate office management of commonly encountered communicable diseases and hazardous situations
- Recognize and apply Universal Precautions

C. Federal Regulations

- Demonstrate knowledge of applicable Occupational Safety and Health Administration (OSHA) and other federal health agencies' requirements
- Demonstrate knowledge of applicable Health Insurance Portability and Accountability Act (HIPAA) requirements

D. Reporting and Record-Keeping

- Demonstrate knowledge of the required contents and maintenance of medical records
- Demonstrate knowledge of mandated reportable conditions (e.g., elder and child abuse, infectious diseases, bioterrorism)
- Demonstrate knowledge of the definition and purpose of ICD, CPT, E/M codes
- Demonstrate knowledge of insurance types and requirements (e.g., general liability, malpractice insurance)



E. Ethics and Professionalism

- Demonstrate knowledge of *NCCAOM*[®] *Code of Ethics* and other ethical principles (e.g., informed consent, conflict of interest, negligence, boundary violations)
- Communicate effectively and professionally with patients, the public, and other healthcare providers



Appendix A: Pharmaceuticals

Appendix A is a list of commonly used pharmaceutical categories. The exam will focus on but may not be exclusively limited to the list below.

- allergy/sinus medications
- angina medications
- antiasthmatic medications
- antibacterial medications
- anticancer medications
- anticoagulant medications
- antidepressants
- antidiabetic medications
- antidiarrheal medications
- antifungal medications
- antihyperlipidemic medications
- antihypertension medications
- anti-nausea medications
- anti-Parkinson medications
- antiprotozoal medications
- antipsychotics
- antiseizure medications
- antiviral medications
- appetite control/weight management medications
- cardiac medications
- central nervous system (CNS) stimulants/attention deficit medications
- cough medications
- drugs of abuse
- gastrointestinal medications
- hormonal replacement therapy
- immune modulators
- mood stabilizer medications
- non-steroidal anti-inflammatory drugs (NSAIDs)
- opioids
- osteoporosis medications
- sedatives, anxiolytic and sleep medications
- sexual dysfunction medications
- smoking cessation medications
- steroids
- stool softeners/laxatives
- thyroid medications
- topical skin medications



Appendix B: Nutrients and Supplements

Appendix B is a list of commonly used nutrients and supplements. The exam will focus on but may not be exclusively limited to the list below.

- amino acids (e.g., L-glutamine, lysine, choline)
- antioxidants (e.g., coenzyme Q10, selenium)
- bone health (e.g., glucosamine sulfate, chondroitin sulfate)
- digestive support (e.g., enzymes, fiber, probiotics)
- hormones (e.g., melatonin, wild yam, DHEA)
- minerals (e.g., calcium, magnesium, potassium)
- mood support (e.g., St. John's Wort, Sam E, 5 HTP)
- vitamins (e.g., A, B1-B12, C, D, E, K)
- Western herbs (e.g., saw palmetto, milk thistle)



Appendix C: Medical Conditions

The conditions (not system headings) listed below are categorized based on how frequently AOM practitioners reported seeing them in the clinical setting per the 2013 Job Analysis. This list is meant to serve as a study guide for the NCCAOM Biomedicine Examination Module to help prioritize focus of study. The exam will focus on but may not be exclusively limited to the conditions below.

The conditions marked with an asterisk (*) signify diseases commonly associated with **red flag signs and/or symptoms**. Candidates are strongly advised to familiarize themselves with these conditions and the red flag signs and symptoms associated with them.

CATEGORY 1 Frequently Seen Conditions

Cardiovascular

- *Arrhythmias (e.g., atrial fibrillation, premature ventricular contraction, tachycardia, bradycardia)
- *Blood pressure disorders (hypertension and hypotension)
- Atherosclerosis (e.g., coronary artery disease, peripheral vascular disease)

Endocrine and Metabolic conditions

- Thyroid disorders (e.g., Hashimoto's thyroiditis, Graves' disease)
- Pancreatic disorders (e.g., diabetes)
- Obesity
- Hyperlipidemia

Gastrointestinal conditions

- Gastroesophageal reflux disease
- Gastritis
- Inflammatory bowel disease (e.g., Crohn's disease, ulcerative colitis)
- Food sensitivity/allergies (e.g., celiac disease, lactose intolerance)
- Irritable bowel syndrome

Mental and Behavioral conditions

- *Mood disorders (e.g., depression, bipolar)
- Anxiety



Musculoskeletal conditions

- Affecting upper extremities (e.g., frozen shoulder, bicipital tendinitis, carpal tunnel syndrome, epicondylitis)
- Affecting lower extremities (e.g., meniscal injuries, compartment syndrome, bursitis)
- Affecting the axial structures (e.g., whiplash, disc herniation, spinal stenosis, spondylolisthesis, TMJ)
- Osteoarthritis
- Osteoporosis

Neurological conditions

- *Stroke
- *Radiculopathies (e.g., nerve root, sciatica)
- Peripheral neuropathy
- Headache (e.g., cluster, tension, migraine, sinus, trauma)
- Sleep disorders (narcolepsy, sleep apnea, insomnia)

Pulmonary conditions

- Asthma
- Respiratory tract infections (e.g., sinusitis, viral infections, strep throat, bronchitis, pneumonia)
- Allergies
- *Pneumothorax

Reproductive conditions

- Menstrual
- Infertility (e.g., polycystic ovarian syndrome, endometriosis)
- Menopause

Miscellaneous

- Multi-system conditions (Lyme disease, chronic fatigue, fibromyalgia, temporal arteritis)



CATEGORY 2 Moderately Seen Conditions

Cardiovascular

- *Myocardial infarction
- *Angina pectoris
- *Heart failure
- *Deep vein thrombosis
- Raynaud's disease
- *Aneurysms

Dermatological conditions

- Noncontagious skin conditions (cellulitis, shingles, acne, eczema, psoriasis, alopecia)

Gastrointestinal conditions

- Peptic ulcer (e.g., H. pylori, Campylobacter)
- *Diverticular disease (e.g., diverticulosis, diverticulitis)
- Hemorrhoids
- Gallbladder conditions (e.g., cholelithiasis, cholecystitis)

Hematological conditions

- Anemia
- Bleeding disorders

Infectious Disease

- Sexually transmitted infections
- Tuberculosis

- *Viral infections (e.g., infectious mononucleosis, influenza, meningitis, conjunctivitis)

Mental and Behavioral conditions

- Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
- Post-traumatic stress disorder (PTSD)

Neurological conditions

- *Transient ischemic attack (TIA)
- Parkinson's disease
- *Vertigo
- Bell's palsy
- Trigeminal neuralgia
- *Concussion and traumatic brain injury (TBI)

Pulmonary conditions

- Chronic obstructive pulmonary disease

Reproductive conditions

- Uterine (fibroids and bleeding)

Miscellaneous

- Autoimmune disorders [systemic lupus erythematosus (SLE), rheumatoid arthritis (RA)]



CATEGORY 3 Least Frequently Seen Conditions

Dermatological conditions

- *Contagious skin conditions (lice, fungal infections, scabies)
- *Skin cancers (e.g., basal cell, squamous cell, melanoma)
- Burns

Endocrine and Metabolic conditions

- Adrenal disorders (e.g., Cushing's, Addison's)

Gastrointestinal conditions

- *Appendicitis
- Hepatitis
- Cirrhosis
- *Pancreatitis

Hematological conditions

- Leukemia/lymphoma
- Hemochromatosis

Infectious Disease

- *Bacterial infections (e.g., staph, MRSA, impetigo, meningitis)
- Childhood infectious conditions (measles, mumps, rubella, pertussis)
- Parasitic infections
- Foodborne illness

Mental and Behavioral conditions

- Autism spectrum
- *Suicidality
- *Eating disorders (anorexia nervosa, bulimia nervosa)

Neurological conditions

- Multiple sclerosis (MS)
- Dementia (e.g., Alzheimer's disease)
- Epilepsy

*Oncology (lung, stomach, colon, pancreas, breast, prostate, uterine, bone, liver, cervical)

Ophthalmology/ENT

Reproductive conditions

- *Complications related to pregnancy
- Breast conditions (e.g., mass, mastitis)
- Male Infertility
- Erectile dysfunction (ED)
- Prostate conditions (benign prostatic hyperplasia, prostatitis)

Urinary/Renal conditions

- *Kidney Stones
- *Infections (UTI, cystitis, pyelonephritis)
- Incontinence



The Acupuncture with Point Location Expanded Content Outline

(Effective as of February 1, 2014)

Note to Candidate: This document serves as a guide to assist in examination preparation for candidates who have met NCCAOM eligibility requirements. Below is the content outline for the Acupuncture with Point Location examination, along with the competency statements.

Please note: In regard to Clean Needle Technique (CNT), the Acupuncture with Point Location module focuses on actual needling and its emergencies (e.g., needle angle and depth) in comparison to the Biomedicine module which focuses on universal precautions and emergency situations.

DOMAIN I: Safety and Professional Responsibilities (10% of Total Exam)

Apply standards of safe practice and professional conduct.

A. Management of Acupuncture Office Emergencies

- Recognize and manage acupuncture office emergencies [e.g., moxa burns, heat lamp burns, needle shock, organ puncture, fainting, stuck needle(s)]
- Recognize the signs and or symptoms of internal hemorrhage or clotting disorders
- Recognize risk factors for individual patients (e.g., patients taking blood thinners, diabetes)

B. Infection Control/Precautions

- Recognize and apply knowledge of infection control and precautions (e.g., bloodborne pathogens, communicable diseases, universal precautions, needle stick)

C. Patient Education and Communication

- Communicate and discuss risks and benefits concerning acupuncture treatment with individual patient
- Communicate and discuss findings with individual patient
- Obtain legal informed consent
- Inform patient of initial treatment/procedure done
- Inform patient when there is a change in condition or treatment that may require a new plan of action

DOMAIN II: Treatment Plan (70% of Total Exam)



Develop a comprehensive treatment plan using acupuncture points based on patient presentation and initial assessment.

A. Treatment Plan: Develop an Initial Treatment Plan

1. Point selection based on differentiation and/or symptoms **(35%)**

- Identify pattern and develop treatment plan based on differentiation (e.g., syndrome/pattern, meridian/channel pathology, circadian rhythm)
- a. Cautions and contraindications
- Recognize cautions and contraindications (e.g., pregnancy, organ damage)
 - Determine appropriate points, needling methods and modalities for safe treatment
- b. Point category
- Demonstrate knowledge and use of Antique/Five Transporting (Shu) points (e.g., Jing-Well, Ying-Spring, Shu-Stream, Jing-River, He-Sea)
 - Demonstrate knowledge of theories and applications of source (Yuan) and connecting (Luo) points
 - Demonstrate knowledge of theories and applications of Front-Mu (Alarm) points, Back-Shu (Associated) points and their combination(s) (e.g., excess/deficient, systemic imbalances)
- c. Channel theory
- Demonstrate application of channel theory
- d. Function and/or indication of points and point combinations
- Demonstrate knowledge of functions, indications and application of points and point combinations (e.g., distal/local, Window of the Sky, Five Elements, circadian rhythms, Six Stages, Four Levels)



e. Ashi points

- Demonstrate application or the use of Ashi points (including trigger points and motor points)

f. Extra points (**Refer to Appendix of Extra Points**)

- Demonstrate the knowledge of indications and application of Extra points

g. Auricular points

- Demonstrate knowledge of functions, indications, applications, precautions and contraindications of auricular acupuncture points and anatomical areas

h. Scalp areas

- Demonstrate knowledge of functions, indications, applications, precautions and contraindications of scalp acupuncture

2. Treatment techniques and mode of administration (**25%**)

- Demonstrate knowledge of treatment techniques and modes of administration

a. Cautions and contraindications

- Recognize cautions and contraindications for individual patient
- Recognize cautions based on anatomy

b. Patient position

- Demonstrate knowledge of appropriate patient position

c. Point locating techniques

- Demonstrate knowledge of point location (e.g., anatomical landmarks, Cun measurement, palpation)



d. Needle selection

- Recognize and demonstrate knowledge of appropriate needle selection (e.g., filiform, three-edged, plum-blossom, press tack, intradermal)
- Recognize and demonstrate knowledge and appropriate use of needles (e.g., length, gauge, filiform, three-edged, plum-blossom, press tack, intradermal)

e. Needling technique

- Demonstrate knowledge of needling techniques (e.g., insertion, angle, depth, stretching skin)
- Demonstrate knowledge of needle manipulation (e.g., arrival of Qi, reinforcing, reducing, lifting and thrusting, plucking, rotating, twirling)
- Demonstrate knowledge of appropriate needle retention
- Demonstrate knowledge of safe and appropriate needle removal

f. Moxibustion

1.) Direct

- Demonstrate knowledge of functions, indications, contraindications and application of direct moxibustion (e.g., thread, cone, rice grain)

2.) Indirect

- Demonstrate knowledge of functions, indications, contraindications and application of indirect moxibustion (e.g., stick/pole, on ginger, box)

3.) On needle handle

- Demonstrate knowledge of functions, indications, contraindications and application of moxibustion on needle handle

g. Additional acupuncture modalities

- Demonstrate knowledge of functions, indications, contraindications and application of other acupuncture modalities



1.) Cupping

- Demonstrate knowledge of functions, indications, contraindications and application of cupping

2.) Guasha

- Demonstrate knowledge of functions, indications, contraindications and application of Guasha

3.) Bleeding

- Demonstrate knowledge of functions, indications, contraindications and application of bleeding

4.) Intradermal needles, ear balls, seeds, pellets, tacks

- Demonstrate knowledge of functions, indications, contraindications and application of intradermal needles, ear balls, seeds, pellets, tacks

5.) Electro acupuncture

- Demonstrate knowledge of functions, indications, contraindications and application of electro acupuncture

6.) Heat

- Demonstrate knowledge of functions, indications, contraindications and application of heat (e.g., TDP/heat lamp)

7.) Topical applications

- Demonstrate knowledge of functions, indications, contraindications and application of topical applications (e.g., liniment, plaster)

h. Related modalities

1.) Asian bodywork therapy and other manual therapies



- Demonstrate knowledge of indications and contraindications of Asian bodywork therapy and other manual therapies
- 2.) Exercise/breathing therapy
- Demonstrate knowledge of exercise/breathing therapy (e.g., Qi Gong, Tai Ji)
- 3.) Dietary recommendations according to Traditional Chinese Medicine theory
- Demonstrate knowledge of dietary recommendations according to Traditional Chinese Medicine theory

B. Patient Management (10%)

1. Re-assessment and modification of treatment plan
- Reevaluate and modify treatment plan (e.g., diagnostic assessment, point selection, needling technique, other modalities, treatment frequency)
2. Referral and/or discharge of patient as appropriate
- Recognize and evaluate the need for referral
 - Demonstrate the knowledge of referral to other healthcare providers
 - Recognize and evaluate appropriate discharge of patient

DOMAIN III: Point Identification/Location (20% of total exam)

(To include both image based questions and questions describing point location measurements by description.)

A. Identification of Points by Images (10%)

- Identify by cun and anatomical landmarks

B. Identification of Points by Description (10%)

- Identify by cun and anatomical landmarks



Appendix: Extra Points

Please Note: Extra Points not listed here may still appear on the exam as distractors (incorrect answers).

Anmian	Pigen
Bafeng	Qianzheng
Baichongwo	Qiduan
Bailao	Qipang
Baxie	Qiuhou
Bitong	Sanjiaojiu
Bizhong	Shanglianquan
Dagukong	Shangyingxiang
Dangyang	Shiqizhuixue/Shiqizhuixia
Dannangxue	Shixuan
Dingchuan	Sifeng
Erbai	Sishencong
Erjian	Taiyang
Haiquan	Tituo
Heding	Waihuaijian
Huanzhong	Wailaogong
Huatuojiaji	Weiguanxiashu
Jiachengjiang	Xiaogukong
Jianqian/Jianneiling	Xiyan/Neixiyan
Jingbailao	Yaotongxue
Jinjin and Yuye	Yaoyan
Juquan	Yiming
Kuangu	Yintang
Lanweixue	Yuyao
Luozhen	Zhongkui
Neihuaijian	Zhoujian
Neiyingxiang	Zigongxue



The Chinese Herbology Expanded Content Outline (Effective as of February 1, 2014)

Note to Candidate: This document serves as a guide to assist in examination preparation for candidates who have met NCCAOM® eligibility requirements. Below is the content outline for the Chinese Herbology examination, along with the competency statements.

DOMAIN I: Safety and Quality (10% of Total Exam)

A. Herbs and Herbal Formulas

1. Cautions and contraindications (e.g., condition-dependent, incompatibility)
 - Identify cautions and contraindications for herbs and herbal formulas (e.g., condition-dependent, incompatibility)
2. Herb/drug interactions
 - Recognize potential herb/drug interactions
 - Describe strategies to avoid herb/drug interactions
3. Toxicity
 - Identify potential toxicity of Chinese herbs and herbal formulas
 - Describe strategies to prevent toxicity of Chinese herbs and herbal formulas
4. Potential adverse effects
 - Identify potential adverse effects of Chinese herbs and herbal formulas
 - Prevent and resolve the adverse effects of Chinese herbs and herbal formulas

B. Herbal Purchasing and Dispensing

1. Identification of raw herbs by appearance, smell, and taste
 - Recognize the appearance of raw Chinese herbs
 - Identify the quality of raw Chinese herbs by appearance, smell, and taste



2. Identification of products containing endangered species, animal products, and potential allergens, (e.g., wheat, soy, sulfa)
 - Recognize Chinese herbs, herbal formulas and herbal products containing endangered species, animal products, and potential allergens (e.g., wheat, soy, sulfa)
 - Identify patient allergies to prevent potential allergic reactions to Chinese herbs, herbal formulas and herbal products
 - Apply substitutions for individual endangered species, animal products, and potential allergens (e.g., wheat, soy, sulfa) in Chinese herbs and herbal formulas
3. Recognition of potential contamination of stored herbs
 - Identify signs of contamination of stored Chinese herbs and herbal products
 - Identify substitutions for contaminated Chinese herbs and herbal products
4. Identification of product manufacturers in compliance with current Good Manufacturing Practice standards
 - Monitor Chinese herbs and herbal products for expiration dates
 - Assess the quality of Chinese herbs and herbal products according to current Good Manufacturing Practice (cGMP) standards

**DOMAIN II: Treatment Plan: Develop a Comprehensive Treatment Plan Using Principles of Chinese Herbology Based Upon Patient's Presentation and Diagnosis
(60% of Total Exam)**

A. Recommend Chinese herbs for Individual Patients Based on Assessment

1. Treatment strategies/methods of Chinese herbal medicine (e.g., purging, harmonizing, sweating)
 - Identify treatment strategies/methods of Chinese herbs and herbal formulas
 - Apply/prescribe Chinese herbs and herbal formulas based on the treatment strategies/methods of Chinese herbs and herbal formulas



2. Individual herbs

a.) Functions and indications

- Identify the functions and indications of individual Chinese herbs
- Identify the functions and indications of processed forms of Chinese herbs [e.g., honey-processed (mi zhi), vinegar-processed (cu zhi), dry-fried (chao)]
- Apply/prescribe individual Chinese herbs for patients based on presenting signs and symptoms

b.) Combinations of Chinese herbs (Dui Yao)

- Identify the functions and indications of combinations of Chinese herbs
- Apply/prescribe combinations of Chinese herbs for patients based on presenting signs and symptoms

c.) Tastes, properties, direction, and channels entered

- Identify characteristics (tastes, properties, directions, and channels entered) of Individual Chinese herbs
- Apply/prescribe herbs for individual patients based on Chinese herb characteristics (tastes, properties, directions, and channels entered)

3. Chinese herbal formulas (**Refer to Appendix of Chinese Herbal Formulas**)

a.) Functions and indications

- Identify the functions and indications of Chinese herbal formulas
- Apply/prescribe Chinese herbal formulas for individual patients based on presenting signs and symptoms

b.) Ingredients

- Identify the ingredients of Chinese herbal formulas
- Apply/prescribe Chinese herbal formulas for individual patients
- Identify potential substitutions for individual ingredients in Chinese herbal formulas

c.) Structure (e.g., chief (Jun); deputy (Chen); guiding herbs)



- Identify and analyze the structure of Chinese herbal formulas [e.g., chief (Jun); deputy (Chen); guiding herbs]
- Apply/prescribe Chinese herbs based on the theory of Chinese herbal formula structure

d.) Modifications

- Modify Chinese herbal formulas based on a patient's presenting signs, symptoms, and medical history

B. Formulate and Administer Herbal Recommendation

1. Form of administration (e.g., decoction, granules, topical)

- Differentiate between forms of administration of Chinese herbs
- Apply/prescribe Chinese herbs, herbal formulas, and herbal products for individual patients based on forms of administration
- Advise individual patients on the use of Chinese herbs, herbal formulas and herbal products based on forms of administration

2. Preparation of herbs and herbal formulas

- Demonstrate knowledge of preparation methods for individual Chinese herbs and herbal formulas
- Advise individual patients on the preparation methods for individual Chinese herbs and herbal formulas

3. Dosage of herbs and formulas

- Demonstrate knowledge of common dosages of individual Chinese herbs and herbal formulas
- Apply/prescribe appropriate dosages of Chinese herbs and herbal formulas based on a patient's presenting signs, symptoms and medical history

C. Chinese Dietary Therapy



- Identify the characteristics, actions, and indications of foods based on TCM principles
- Advise individual patients on the use of foods and dietary therapy in accordance with TCM principles

**DOMAIN III: Patient Management: Patient Education and Treatment Evaluation
(30% of Total Exam)**

A. Patient Education

- Advise individual patients of the benefits and expectations of Chinese herbal therapy
- Advise individual patients of the potential side-effect(s) and risks of Chinese herbal therapy, including informed consent.

B. Treatment Evaluation and Modification

- Recognize and anticipate Chinese herbal therapy clinical outcomes for individual patients
- Assess effectiveness of Chinese herbal therapy in individual patients, based on presenting signs and symptoms
- Modify treatment plans for individual patients based on effectiveness of Chinese herbal therapy
- Assess the condition of individual patients for appropriate medical referral and Intervention



Appendix of Formulas: Reference of Common Chinese Herbal Formulas

Please Note: Formulas not listed here may still appear on the exam as distractors (incorrect answers).

- Ba Zhen Tang (Eight-Treasure Decoction)
- Ba Zheng San (Eight-Herb Powder for Rectification)
- Bai He Gu Jin Tang (Lily Bulb Decoction to Preserve the Metal)
- Bai Hu Tang (White Tiger Decoction)
- Bai Tou Weng Tang (Pulsatilla Decoction)
- Ban Xia Bai Zhu Tian Ma Tang (Pinellia, Atractylodis Macrocephalae, and Gastrodia Decoction)
- Ban Xia Hou Po Tang (Pinellia and Magnolia Bark Decoction)
- Ban Xia Xie Xin Tang (Pinellia Decoction to Drain the Epigastrium)
- Bao He Wan (Preserve Harmony Pill)
- Bei Mu Gua Lou San (Fritillaria and Trichosanthes Fruit Powder)
- Bei Xie Fen Qing Yin (Dioscorea Hypoglauca Decoction to Separate the Clear)
- Bu Yang Huan Wu Tang (Tonify the Yang to Restore Five (Tenths) Decoction)
- Bu Zhong Yi Qi Tang (Tonify the Middle and Augment the Qi Decoction)
- Cang Er Zi San (Xanthium Powder)
- Chai Ge Jie Ji Tang (Bupleurum and Kudzu Decoction)
- Chai Hu Shu Gan San (Bupleurum Powder to Spread the Liver)
- Chuan Xiong Cha Tiao San (Ligusticum Chuanxiong Powder to be Taken with Green Tea)
- Da Bu Yin Wan (Great Tonify the Yin Pill)
- Da Chai Hu Tang (Major Bupleurum Decoction)
- Da Cheng Qi Tang (Major Order the Qi Decoction)
- Da Jian Zhong Tang (Major Construct the Middle Decoction)
- Dan Shen Yin (Salvia Drink)
- Dang Gui Bu Xue Tang (Tangkuei Decoction to Tonify the Blood)
- Dang Gui Liu Huang Tang (Tangkuei and Six-Yellow Decoction)
- Dao Chi San (Guide Out the Red Powder)
- Ding Chuan Tang (Arrest Wheezing Decoction)



- Ding Xiang Shi Di Tang (Clove and Persimmon Calyx Decoction)
- Du Huo Ji Sheng Tang (Angelica Pubescens and Sangjisheng Decoction)
- Du Qi Wan (Capital Qi Pill)
- Er Chen Tang (Two-Cured Decoction)
- Er Miao San (Two-Marvel Powder)
- Er Xian Tang (Two-Immortal Decoction)
- Er Zhi Wan (Two-Ultimate Pill)
- Fu Yuan Huo Xue Tang (Revive Health by Invigorating the Blood Decoction)
- Gan Cao Xie Xin Tang (Licorice Decoction to Drain the Epigastrium)
- Gan Mai Da Zao Tang (Licorice, Wheat, and Jujube Decoction)
- Ge Gen Huang Lian Huang Qin Tang (Kudzu, Coptis, and Scutellaria Decoction)
- Ge Gen Tang (Kudzu Decoction)
- Ge Xia Zhu Yu Tang (Drive Out Blood Stasis Below the Diaphragm Decoction)
- Gu Jing Wan (Stabilize the Menses Pill)
- Gui Pi Tang (Restore the Spleen Decoction)
- Gui Zhi Fu Ling Wan (Cinnamon Twig and Poria Pill)
- Gui Zhi Shao Yao Zhi Mu Tang (Cinnamon Twig, Peony, and Anemarrhena Decoction)
- Gui Zhi Tang (Cinnamon Twig Decoction)
- Huai Hua San (Sophora Japonica Flower Powder)
- Huang Lian E Jiao Tang (Coptis and Ass-Hide Gelatin Decoction)
- Huang Lian Jie Du Tang (Coptis Decoction to Relieve Toxicity)
- Huo Xiang Zheng Qi San (Agastache Powder to Rectify the Qi)
- Ji Chuan Jian (Benefit the River (Flow) Decoction)
- Jia Jian Wei Rui Tang (Modified Solomon's Seal Decoction)
- Jiao Ai Tang (Ass-Hide Gelatin and Mugwort Decoction)
- Jin Gui Shen Qi Wan (Kidney Qi Pill from the Golden Cabinet)
- Jin Ling Zi San (Melia Toosendan Powder)
- Jin Suo Gu Jing Wan (Metal Lock Pill to Stabilize the Essence)
- Ju Pi Zhu Ru Tang (Tangerine Peel and Bamboo Shavings Decoction)
- Juan Bi Tang (Remove Painful Obstructions from *Awakening of the Mind in Medical Studies*)



- Li Zhong Wan (Regulate the Middle Pill)
- Liang Fu Wan (Galangal and Cyperus Pill)
- Liang Ge San (Cool the Diaphragm Powder)
- Ling Gui Zhu Gan Tang (Poria, Cinnamon Twig, Atractylodis Macrocephalae and Licorice Decoction)
- Ling Jiao Gou Teng Tang (Antelope Horn and Uncaria Decoction)
- Liu Wei Di Huang Wan (Six-Ingredient Pill with Rehmannia)
- Liu Yi San (Six-to-One Powder)
- Long Dan Xie Gan Tang (Gentiana Longdancao Decoction to Drain the Liver)
- Ma Huang Tang (Ephedra Decoction)
- Ma Xing Shi Gan Tang (Ephedra, Apricot Kernel, Gypsum and Licorice Decoction)
- Ma Zi Ren Wan (Hemp Seed Pill)
- Mai Men Dong Tang (Ophiopogonis Decoction)
- Mu Li San (Oyster Shell Powder)
- Nuan Gan Jian (Warm the Liver Decoction)
- Ping Wei San (Calm the Stomach Powder)
- Pu Ji Xiao Du Yin (Universal Benefit Decoction to Eliminate Toxin)
- Qi Ju Di Huang Wan (Lycium Fruit, Chrysanthemum and Rehmannia Pill)
- Qiang Huo Sheng Shi Tang (Notopterygium Decoction to Overcome Dampness)
- Qing Wei San (Clear the Stomach Powder)
- Qing Gu San (Cool the Bones Powder)
- Qing Hao Bie Jia Tang (Artemisia Annuua and Soft-Shelled Turtle Shell Decoction)
- Qing Qi Hua Tan Wan (Clear the Qi and Transform Phlegm Pill)
- Qing Wen Bai Du San (Clear Epidemics and Overcome Toxicity Decoction)
- Qing Ying Tang (Clear the Nutritive Level Decoction)
- Qing Zao Jiu Fei Tang (Eliminate Dryness and Rescue the Lungs Decoction)
- Ren Shen Bai Du San (Ginseng Powder to Overcome Pathogenic Influences)
- Run Chang Wan (Moisten the Intestines Pill from *Master Shen's Book*)
- San Zi Yang Qin Tang (Three-Seed Decoction to Nourish One's Parents)
- Sang Ju Yin (Mulberry Leaf and Chrysanthemum Decoction)



- Sang Piao Xiao San (Mantis Egg-Case Powder)
- Sang Xing Tang (Mulberry Leaf and Apricot Kernel Decoction)
- Shao Fu Zhu Yu Tang (Drive Out Blood Stasis in the Lower Abdomen Decoction)
- Shao Yao Gan Cao Tang (Peony and Licorice Decoction)
- Shao Yao Tang (Peony Decoction)
- Shen Ling Bai Zhu San (Ginseng, Poria and Atractylodes Macrocephala Powder)
- Shen Tong Zhu Yu Tang (Drive Out Blood Stasis from a Painful Body Decoction)
- Sheng Hua Tang (Generation and Transformation Decoction)
- Sheng Jiang Xie Xin Tang (Fresh Ginger Decoction to Drain the Epigastrium)
- Sheng Ma Ge Gen Tang (Cimicifuga and Kudzu Decoction)
- Sheng Mai San (Generate the Pulse Powder)
- Shi Hui San (Ten Partially-Charred Substance Powder)
- Shi Pi Yin (Bolster the Spleen Decoction)
- Shi Quan Da Bu Tang (All Inclusive Great Tonifying Decoction)
- Shi Xiao San (Sudden Smile Powder)
- Shou Tai Wan (Fetus Longevity Pill)
- Si Jun Zi Tang (Four-Gentlemen Decoction)
- Si Ni San (Frigid Extremities Powder)
- Si Ni Tang (Frigid Extremities Decoction)
- Si Shen Wan (Four-Miracle Pill)
- Si Wu Tang (Four-Substance Decoction)
- Su Zi Jiang Qi Tang (Perilla Fruit Decoction for Directing Qi Downward)
- Suan Zao Ren Tang (Sour Jujube Decoction)
- Tai Shan Pan Shi San (Powder that Gives the Stability of Mount Tai)
- Tao He Cheng Qi Tang (Peach Pit Decoction to Order the Qi)
- Tian Ma Gou Teng Yin (Gastrodia and Uncaria Decoction)
- Tian Tai Wu Yao San (Top-quality Lindera Powder)
- Tian Wang Bu Xin Dan (Emperor of Heaven's Special Pill to Tonify the Heart)
- Tiao Wei Cheng Qi Tang (Regulate the Stomach and Order the Qi Decoction)
- Tong Xie Yao Fang (Important Formula for Painful Diarrhea)



- Wan Dai Tang (End Discharge Decoction)
- Wei Jing Tang (Reed Decoction)
- Wen Dan Tang (Warm the Gallbladder Decoction)
- Wen Jing Tang (Warm the Menses Decoction)
- Wu Ling San (Five-Ingredient Powder with Poria)
- Wu Pi San (Five-Peel Powder)
- Wu Wei Xiao Du Yin (Five-Ingredient Decoction to Eliminate Toxin)
- Wu Zhu Yu Tang (Evodia Decoction)
- Xi Jiao Di Huang Tang (Rhinoceros Horn and Rehmannia Decoction)
- Xiang Ru San (Elsholtzia Powder)
- Xiang Su San (Cyperus and Perilla Leaf Powder)
- Xiao Chai Hu Tang (Minor Bupleurum Decoction)
- Xiao Cheng Qi Tang (Minor Order the Qi Decoction)
- Xiao Feng San (Eliminate Wind Powder from Orthodox Lineage)
- Xiao Huo Lou Dan (Minor Invigorate the Collaterals Special Pill)
- Xiao Ji Yin Zi (Cephalanoplos Decoction)
- Xiao Jian Zhong Tang (Minor Construct the Middle Decoction)
- Xiao Qing Long Tang (Minor Blue-Green Dragon Decoction)
- Xiao Yao San (Rambling Powder)
- Xie Bai San (Drain the White Powder)
- Xie Huang San (Drain the Yellow Powder)
- Xie Xin Tang (Drain the Epigastrium Decoction)
- Xing Su San (Apricot Kernel and Perilla Leaf Powder)
- Xuan Fu Dai Zhe Tang (Inula and Hematite Decoction)
- Xue Fu Zhu Yu Tang (Drive Out Stasis in the Mansion of Blood Decoction)
- Yang He Tang (Yang-Heartening Decoction)
- Yi Guan Jian (Linking Decoction)
- Yin Chen Hao Tang (Artemisia Yinchenhao Decoction)
- Yin Qiao San (Honeysuckle and Forsythia Powder)
- You Gui Wan (Restore the Right (Kidney) Pill)



- You Gui Yin (Restore the Right (Kidney) Decoction)
- Yu Nu Jian (Jade Woman Decoction)
- Yu Ping Feng San (Jade Windscreen Powder)
- Yue Ju Wan (Escape Restraint Pill)
- Zhen Gan Xi Feng Tang (Sedate the Liver and Extinguish Wind Decoction)
- Zhen Ren Yang Zang Tang (True Man's Decoction to Nourish the Organs)
- Zhen Wu Tang (True Warrior Decoction)
- Zhi Bai Di Huang Wan (Anemarrhena, Phellodendron and Rehmannia Pill)
- Zhi Gan Cao Tang (Honey-Fried Licorice Decoction)
- Zhi Sou San (Stop Coughing Powder)
- Zhu Ling Tang (Polyporus Decoction)
- Zhu Ye Shi Gao Tang (Lophatherus and Gypsum Decoction)
- Zuo Gui Wan (Restore the Left (Kidney) Pill)
- Zuo Gui Yin (Restore the Left (Kidney) Decoction)
- Zuo Jin Wan (Left Metal Pill)



Bibliographies

The Expanded Content Outlines available on the NCCAOM website are the primary resources for studying for the examinations. The purpose of the following bibliographies is to provide candidates with resources to assist in preparing for the NCCAOM exams. There is no single text recommended by the NCCAOM. All NCCAOM exams reflect practice in the United States as determined by the most recent job analysis. Candidates should feel free to consider other resources that cover the material in the Content Outline.

The NCCAOM's Examination Development Committee (EDC) members frequently use the following texts as resources for writing and referencing items; however, the sources used are not limited to the books listed here. The NCCAOM® does not endorse any third-party study or test preparation guides.



Foundations of Oriental Medicine Bibliography

Cheng, Xinnong, ed. *Chinese Acupuncture and Moxibustion*. 3rd ed. Fifteenth Printing 2014. Beijing: Foreign Languages Press, 2012.

Clavey, Steven. *Fluid Physiology and Pathology in Traditional Chinese Medicine*. 2nd ed. Churchill Livingstone, 2003.

Deng, Tietao. *Practical Diagnosis in Traditional Chinese Medicine*. London: Churchill Livingstone, 1999.

Kaptchuk, Ted J. *The Web That Has No Weaver: Understanding Chinese Medicine*. 2nd ed. New York: McGraw-Hill, 2000.

Maciocia, Giovanni. *Diagnosis in Chinese Medicine: A Comprehensive Guide*. Philadelphia: Elsevier Churchill Livingstone, 2004.

---. *The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists*. 3rd ed. Philadelphia: Elsevier Churchill Livingstone, 2015.

---. *The Practice of Chinese Medicine: The Treatment of Diseases with Acupuncture and Chinese Herbs*. 2nd ed. Philadelphia: Elsevier Churchill Livingstone, 2007.

Scheid, Volker, Dan Bensky, Andrew Ellis, and Randall Barolet. *Chinese Herbal Medicine: Formulas and Strategies*. 2nd ed. Seattle, WA: Eastland Press, 2009.

Wiseman, Nigel, and Andy Ellis. *Fundamentals of Chinese Medicine*. Revised Edition. Brookline, MA: Paradigm Publications, 1995.

Wu, Yan, and Warren Fischer. *Practical Therapeutics of Traditional Chinese Medicine*. Ed. Jake P. Fratkin. Brookline, MA: Paradigm Publications, 1997.



Biomedicine Bibliography

Anzaldua, David. *An Acupuncturist's Guide to Medical Red Flags & Referrals*. Boulder, CO: Blue Poppy Enterprises, Inc., 2010.

Bickley, Lynn S. *Bates' Guide to Physical Examination and History Taking*. 11th ed. Philadelphia: Lippincott Williams & Wilkins Publishers, 2012.

Council of Colleges of Acupuncture and Oriental Medicine. *Clean Needle Technique Manual Best Practices for Acupuncture Needle Safety and Related Procedures*. 7th ed. Council of Colleges of Acupuncture and Oriental Medicine, 2015.
(<http://www.ccaom.org/cntmanual.asp>)

Fischback, Frances and Marshall B. Dunning. *A Manual of Laboratory and Diagnostic Tests*. 9th ed. Philadelphia: Lippincott Williams & Wilkins Publishers, 2014.

Kailin, David C. *Quality in Complementary and Alternative Medicine*. Corvallis, OR: CMS Press, 2006.

Katzung, Bertram G., Susan B. Masters, and Anthony J. Trevor, eds. *Basic and Clinical Pharmacology*. 13th ed. New York: McGraw Hill Medical, 2014.

Magee, David J. *Orthopedic Physical Assessment*, 6th ed. St. Louis, MO: Saunders Elsevier, 2013.

Papadakis, Maxine A., Stephen J. McPhee, and Michael W. Rabow. *Current Diagnosis and Medical Treatment*. Columbus: McGraw-Hill Education. (Current Edition)

Porter, Robert S. (Ed.). *The Merck Manual of Diagnosis and Therapy*. 19th ed. West Point, PA: Merck & Co. Inc., 2011.

Pitchford, Paul. *Healing With Whole Foods: Asian Traditions and Modern Nutrition*. 3rd Edition. Berkeley, CA: North Atlantic Books, 2002.



Acupuncture with Point Location Bibliography

Primary Sources

Cheng, Xinnong, ed. *Chinese Acupuncture and Moxibustion*. 3rd ed. Fifteenth Printing 2014. Beijing: Foreign Languages Press, 2012.

Council of Colleges of Acupuncture and Oriental Medicine. *Clean Needle Technique Manual Best Practices for Acupuncture Needle Safety and Related Procedures*. 7th ed. Council of Colleges of Acupuncture and Oriental Medicine, 2015.
(<http://www.ccaom.org/cntmanual.asp>)

Deadman, Peter, Mazin Al-Khafaji, Keven Baker. *A Manual of Acupuncture*. 2nd ed. East Sussex, England: Journal of Chinese Medicine Publications, 2007.

Maciocia, Giovanni. *The Practice of Chinese Medicine: The Treatment of Disease with Acupuncture and Chinese Herbs*. 2nd ed. New York: Churchill Livingstone, 2007.

Secondary Sources

Anzaldua, David. *An Acupuncturist's Guide to Medical Red Flags & Referrals*. Boulder, CO: Blue Poppy Enterprises, Inc., 2010.

Beresford-Cooke, Carola. *Shiatsu Theory & Practice*. 3rd ed. New York: Churchill Livingstone Elsevier, 2011.

Bisio, Tom. *A Tooth from the Tiger's Mouth: How to Treat Your Injuries with Powerful Healing Secrets of the Great Chinese Warrior*. New York: Fireside Books. 2004.

Chirali, Llkay Z. *Traditional Chinese Medicine Cupping Therapy*. 3rd ed. New York: Churchill Livingstone, 2014.

Hicks, Angela, John Hicks, and Peter Mole. *Five Element Constitutional Acupuncture*. 2nd ed. Churchill Livingstone, 2011.

Kailin, David C. *Acupuncture Risk Management: The Essential Practice Standards & Regulatory Compliance Reference*. Corvallis, OR: CMS Press, 1998.

Legge, David. *Close to the Bone: The Treatment of Painful Musculoskeletal Disorders with Acupuncture and Other Forms of Chinese Medicine*. 3rd ed. Sydney: Sydney College Press. 2000.

Maciocia, Giovanni. *The Channels of Acupuncture: Clinical Use of the Secondary Channels and Eight Extraordinary Vessels*. 1st ed. New York: Churchill Livingstone, 2006.



---. *The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists*. 3rd ed. Philadelphia: Elsevier Churchill Livingstone, 2015.

Nielsen, Arya. *Guasha: A Traditional Technique for Modern Practice*. 2nd ed. Churchill Livingstone, 2013.

O'Connor, John, and Dan Bensky, Trns. and Ed. *Acupuncture: A Comprehensive Text*. Shanghai College of Traditional Medicine. Seattle, WA: Eastland Press, 1996.

Pirog, John E. *The Practical Application of Meridian Style Acupuncture*. Berkeley, CA: Pacific View Press, 1996.

Wu, Yan, and Warren Fischer. *Practical Therapeutics of Traditional Chinese Medicine*. Ed. Jake P. Fratkin. Brookline, MA: Paradigm Publications, 1997.

Xu, Xiangcai. *Chinese Tui Na Massage: The Essential Guide to Treating Injuries, Improving Health & Balancing Qi*, Boston, MA: YMAA Publication Center, 2002.

Zhang, Ting Liang, and Bob Flaws. Trns. *A Handbook of Traditional Chinese Gynecology*. 3rd ed. Boulder, CO: Blue Poppy Press, 1987.



Chinese Herbology Bibliography

Primary Sources

Bensky, Dan, Steven Clavey, Erich Stoger, and Andrew Gamble. *Chinese Herbal Medicine: Materia Medica. Third edition.* Seattle, WA: Eastland Press, 2004.

Chen, John K., and Tina T. Chen. *Chinese Herbal Formulas and Applications.* City of Industry, CA: Art of Medicine Press, Inc., 2008.

---. *Chinese Medical Herbology and Pharmacology.* City of Industry, CA: Art of Medicine Press, Inc., 2004.

Scheid, Volker, Dan Bensky, Andrew Ellis, and Randall Barolet. *Chinese Herbal Medicine: Formulas and Strategies.* 2nd ed. Seattle, WA: Eastland Press, 2009.

Secondary Sources

Cheng, Xinnong, ed. *Chinese Acupuncture and Moxibustion.* 3rd ed. Fifteenth Printing 2014. Beijing: Foreign Languages Press, 2012.

Fratkin, Jake Paul. *Chinese Herbal Patent Medicines: The Clinical Desk Reference.* Boulder, CO: Shya Publications, 2001.

Lu, Henry C. *Chinese System of Food Cures: Prevention & Remedies.* New York: Sterling Publishing, 1986.

Maciocia, Giovanni. *Obstetrics & Gynecology in Chinese Medicine.* 2nd.ed. New York: Churchill Livingstone, 2011.

---. *The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists.* 3rd ed. Philadelphia: Elsevier Churchill Livingstone, 2015.

Wu, Yan, and Warren Fischer. *Practical Therapeutics of Traditional Chinese Medicine.* Ed. Jake P. Fratkin. Brookline, MA: Paradigm Publications, 1997.

Websites

Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
<https://cites.org/eng/disc/species.php>

U. S. Food and Drug Administration [Current Good Manufacturing Practices (CGMP)]
<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/Manufacturing/ucm169105.htm>



Examination Nomenclature Cross-Reference

There are differences in English language literature regarding pulses and other terminology used in Oriental medicine. A cross-reference of terms that are frequently used in English language literature is provided below to assist you; however, this list is not intended to be all-inclusive. It is also provided in the form of a glossary in the English language version of Foundations of Oriental Medicine, Acupuncture, and Chinese Herbology modules/examinations. The official reference for the names of typical pulses is referenced in *The Web That Has No Weaver*.¹

1. Theory

Wu Xing = Five Phases = Five Elements

Sheng Cycle = interpromoting cycle = generation cycle

Ke Cycle = Ko Cycle = interacting cycle = control cycle

Qi = Chi = Ki = energy

2. Physiology

Qi = Chi = Ki = (vital) energy

Yuan Qi = primary Qi = original energy

Zong Qi = pectoral Qi

Ying Qi = nourishing energy

Wei Qi = protective (defensive) energy

Jing = essence

Shen = spirit

Xue = Blood

Jin Ye = Ching Ye = body fluids

Zang Fu = the organs = Yin and Yang organs

Zang = viscera = Yin organs

Fu = bowels = Yang organs

3. Pathology and Diagnosis

Xu = deficient = empty

Shi = Shih = excess = full

Sheng Cycle = Overacting = excessive action on the interacting (Ke) Cycle

Wu Cycle = Counteracting = insult cycle

Nei Yin = Endogenous = internal factors

Wai Yin = Exogenous = external factors

Wai Xie = External pathogenic factor = outside evil

She Tai = Tongue fur = moss or coating

She Ti = Tongue proper = tongue body

She Pang Da = Flabby tongue = swollen, or enlarged tongue

Pulse locations:

Cun (tsun) = inch = distal location

Guan (Kuan) = gate/bar = middle location

Chi (chih) = cubit or foot = proximal location

4. Technique



Bu = supplement = tonify

Xie = reduce = drain = sedate = disperse

5. Channels and Points

Channels = Meridians = Jing = usually Primary channels = Main (Principal, Regular) meridians

Muscle channels = tendino-muscular meridians = Jing Jin

Divergent meridians = distinct channels = Jing Pieh

Luo = connecting channels = Collaterals

Extra channels = Miscellaneous (Odd, Curious, Extraordinary, Ancestral) meridians or vessels:

Du Mai (Mo) = Governing Vessel or Meridian or Channel = GV

Ren Mai (Mo) = Conception Vessel = CV

Dai (Tai) Mai (Mo) = Belt (Girdle) Vessel

San Jiao = Triple Warmer = Triple burning Space

Cun = tsun = inch = A.C.I.

Yuan point = source point

Luo point = connecting or Junction point = Lo point

Xi point = Cleft or Accumulating point

5 Shu points = 5 Transporting, "Antique" or "Command" points of the Primary channels =

Five Element Points:

Well = Jing = Ting

Spring = Ying = Yuong or Rong = Gushing

Stream = Shu or Yu = Transporting

River = Jing = King = Ching = Traversing

Sea = He = Ho = Uniting

Back-Shu points = Associated or Associated Effect points = A.E.P. = yu point = shu point

Front-Mu = Mo = Alarm point = Bo

Reinforcing point = (mother point) = tonification point

Reducing point = (son point) = sedation, dispersing or draining point

Confluent points = Master (and coupled) or Key or Opening points of the Eight Extra Channels

Coalescent points = points of intersection between two or more channels = Crossing or Intersection points

Influential points = Eight Meeting (or Assembling) points of Energy, Blood and certain organs and tissues

Remote points = distal points

Zi Wu Liu Zhu = Horary Cycle = 24 hour circulation of energy through the channels = midday/midnight cycle = organ clock

Reference:

1. Kaptchuk, Ted. J. *The Web that Has No Weaver: Understanding Chinese Medicine*. McGraw-Hill Professional, 2000.



Sample Questions

The following sample questions represent different types and levels of items that may appear on the NCCAOM examinations. These questions do not necessarily represent the difficulty level of the items you will receive on the examination, nor do they reflect the percentage of items you will receive in each content area. These sample questions merely reflect the possible format and variety of items, which may assist you in preparing for the NCCAOM exams. Your performance on the sample questions is not an indicator of your performance on the NCCAOM exams.

The answers to the sample questions appear at the bottom of the page containing the sample questions for Chinese Herbology.



Foundations of Oriental Medicine

FOM-1

According to Five Element theory, which taste, color, and organ are associated with Metal?

- (A) bitter, red, Lung
- (B) pungent, white, Lung
- (C) spicy, yellow, Spleen
- (D) sweet, yellow, Spleen

FOM-2

A 29-year-old woman complains of hypochondriac pain and fullness for several months. She is also experiencing dry mouth and throat, depression, moodiness, scanty menstrual flow, and breast pain. She has a pale tongue and a thready, wiry pulse. What is the most appropriate diagnosis?

- (A) Liver Fire insulting Lung
- (B) Liver Qi stagnation transforming to Fire
- (C) Liver Qi stagnation with Blood deficiency
- (D) Liver Fire attacking Stomach

FOM-3

A patient complains of shortened menstruation with scanty, dull red, clear, thin menses. She has coldness in the lower abdomen. Her tongue is pale, tender, with white fur. Her pulse is deep and tight. Which of the following is the most appropriate treatment principle?

- (A) activate the channel and clear Heat
- (B) tonify Yang and move Blood
- (C) tonify Yin and clear Heat
- (D) warm the channel and expel Cold



Biomedicine

BIO-1

A 40-year-old woman with an enlarged thyroid gland is most likely deficient in which of the following?

- (A) iodine
- (B) iron
- (C) magnesium
- (D) zinc

BIO-2

A mother reports that her active eight-year-old son has been fussy, thirsty, and tired for the past 24 hours. She also states that he complains of a headache and constipation. His blood pressure is low with a rapid pulse. Which of the following would most likely be suspected?

- (A) anxiety attack
- (B) dehydration
- (C) food poisoning
- (D) hyperthyroidism

BIO-3

A lethargic, 53-year-old male patient fell and hit his head six hours before his appointment. He now presents with confusion, difficulty remembering the event, and has vomited twice since the fall. What is the best course of action for this patient at this time?

- (A) treat him and recommend that he consult his physician
- (B) treat him and retain him in the office for observation
- (C) do not treat him, but refer him to a neurologist within 72 hours
- (D) do not treat him, but refer him immediately to the emergency department



Acupuncture with Point Location

ACPL-1

Which of the following points could be needled with the patient positioned in the prone position?

- (A) Yintang (Extra)
- (B) P 2 (Tianquan)
- (C) Sp 11 (Jimen)
- (D) GB 36 (Waiqiu)

ACPL-2

For which of the following conditions is the bleeding technique most likely indicated?

- (A) high fever
- (B) chronic asthma
- (C) anemia
- (D) diabetes

ACPL-3

Which of the following statements best describes the location of Lu 7 (Lieque)?

- (A) on the forearm, superior to the styloid process of the radius, 1 cun proximal to the transverse crease of the wrist
- (B) on the forearm, superior to the styloid process of the radius, 1.5 cun proximal to the transverse crease of the wrist
- (C) on the radial side of the flexor carpi ulnaris tendon, 1 cun proximal to the transverse crease of the wrist
- (D) on the radial side of the flexor carpi ulnaris tendon, 1.5 cun proximal to the transverse crease of the wrist



Chinese Herbology

CH-1

Fu Zi Li Zhong Wan (Prepared Aconite Pill to Regulate the Middle) is most indicated for which of the following?

- (A) diarrhea with burning sensation and a slippery, rapid pulse
- (B) constipation with abdominal pain and a flooding pulse
- (C) constipation with hard stools and a thin, rapid pulse
- (D) diarrhea with cold extremities and a faint pulse

CH-2

A 50-year-old female presents with a chief complaint of hot flashes. She feels warmer in the evening and while sleeping. Her tongue is bright red and peeled. Her pulse is rapid and thin. Which of the following formulas is most appropriate for this patient?

- (A) Gui Pi Tang (Restore the Spleen Decoction)
- (B) Liu Jun Zi Tang (Six-Gentlemen Decoction)
- (C) Liu Wei Di Huang Wan (Six-Ingredient Pill with Rehmannia)
- (D) Si Wu Tang (Four-Substance Decoction)

CH-3

A patient has been taking Yin Qiao San (Honeysuckle and Forsythia Powder) for a sore throat, swollen tonsils, fever, cough, and headache. The tongue is red and the pulse is rapid and floating. Now, the patient presents with sinus congestion, frontal headache and a thick, greenish nasal discharge. Which of the following is the most appropriate formula for the patient at this time?

- (A) Cang Er Zi San (Xanthium Powder)
- (B) Ding Chuan Tang (Arrest Wheezing Decoction)
- (C) Sang Ju Yin (Mulberry Leaf and Chrysanthemum Decoction)
- (D) Wen Dan Tang (Warm the Gallbladder Decoction)

Answers:

FOM-1 = B
FOM-2 = C
FOM-3 = D

BIO-1 = A
BIO-2 = B
BIO-3 = D

ACPL-1 = D
ACPL-2 = A
ACPL-3 = B

CH-1 = D
CH-2 = C
CH-3 = A



Frequently Asked Questions

Examination Administration Frequently Asked Questions and Answers (Q&A)

The NCCAOM has compiled the following questions and answers to assist candidates and school representatives in understanding exam administration policies and procedures. The NCCAOM is committed to maintaining the integrity and fairness of the NCCAOM exams, in order that they serve as meaningful measures of entry-level competence to practice acupuncture and herbal medicine. This commitment to public safety cannot be overstated; it is a requirement of our mission, which is *to ensure the safety and well-being of the public and to advance the professional practice of acupuncture and Oriental medicine by establishing and promoting national evidence-based standards of competence and credentialing.*

About the Exams

1. Are the exams offered in other languages besides English?

Yes. The Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology exams are offered in Chinese and Korean languages.

English language exams:

The English language versions of the NCCAOM exams are offered year-round on computer at Pearson VUE test centers. “Approved to Test” candidates (those who received an Authorization to Test (ATT) letter in the mail from the NCCAOM) can take the Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology exams throughout the year, pending availability at their desired test center location.

Foreign language exams:

There are currently Chinese and Korean language versions of the NCCAOM exams, which are also offered on computer at Pearson VUE test centers in linear format. Foreign language exams are not offered year-round, and in **2018 will only be available during these time periods: June 18-30 and October 1-13***. For more information, such as the exam format and content outlines, click on the link for Foreign Language Exams from the General Examination Information page on the NCCAOM website.

***Please note that there must be a sufficient number of candidates registered to take a foreign language exam during an administration period, otherwise NCCAOM will cancel the exam. All candidates registered for the canceled exam will be refunded their entire payment to the credit card that was originally charged.**



2. What is the format of the exam?

English language exams:

The Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology examinations are administered in computer adaptive format, commonly referred to as computerized adaptive testing (CAT). Each exam consists of 100 multiple-choice questions with a 2.5-hour time limit. Adaptive testing allows the NCCAOM to provide year-round testing and preliminary exam results. Adaptive exams have long been used by other healthcare testing organizations and has been proven to be an efficient and reliable testing method.

In an adaptive exam questions are selected for candidates according to the assigned domain percentages from the [exam content outline](#). Within each domain, questions are selected to match candidate ability. What this means is that a candidate's correct or incorrect answer to a question determines the next question they receive. If a question is answered correctly, the next question selected is more difficult. If a question is answered incorrectly, the next question selected is easier. Because the correct or incorrect answer to each question is used to select the next question, candidates are not able to change their answers to previous questions.

There are many benefits offered by adaptive testing. These include access to year-round testing, no exam registration deadlines, preliminary results provided at the test center, and expedited exam results delivery to state licensing Boards (upon candidate request). In addition, adaptive testing allows for more precise measurement of candidate ability using fewer questions than traditional linear exams. This feature allows adaptive exams to be shorter and therefore less expensive for candidates.

Foreign language exams:

Exams in Chinese and Korean are administered in computer-based, linear format. Questions are preselected for candidates according to the assigned domain percentages from the [exam content outline](#). Once all items have been answered, candidates can review and change any of their answers within the remaining allotted time. However, preliminary results are not provided at the test center. Official result notification letters will be mailed approximately 45 business days after conclusion of the exam administration period.

3. How do I prepare for an exam?

The NCCAOM provides a comprehensive [NCCAOM® Candidate Preparation Guide](#) for each certification program. Each Guide includes an overview of the examination process, the examination content outlines, test specifications, bibliographies, a cross-reference of terms that are frequently used in English language literature, sample questions for the exams, and this NCCAOM® Exam Administration: Frequently Asked Questions and Answers document. The Guides are free to download from the [Examination Preparation](#) section of the NCCAOM website, but a paper copy may be requested for a fee. Individual exam content outlines can be downloaded directly from this page as well.



4. Does the NCCAOM publish a list of commonly used terms that may appear on the exam?

Yes. The NCCAOM currently provides a nomenclature list, which is a cross-reference of terms that are frequently used in English language literature. This nomenclature list is available within each of the *NCCAOM® Candidate Preparation Handbooks*.

5. Does the NCCAOM publish a list of formulas that will be tested on the Chinese Herbology exam?

Yes. A list of herbal formulas is included with the 2018 Chinese Herbology (CH) content outline. A list of single herbs is not available within the 2018 CH content outline. Content outlines can be accessed from the [Examination Preparation](#) section of the NCCAOM website.

6. What’s covered in the Foundations of Oriental Medicine exam compared to the Acupuncture with Point Location exam?

Please refer to the *NCCAOM® Candidate Preparation Guide* or the *Content Outlines*, which can be accessed through the NCCAOM website under the [Examination Preparation](#) section. Each NCCAOM certification program has a *NCCAOM® Candidate Preparation Guide* which contains all available examination preparation materials in one document along with the related content outlines.

Each exam module has an expanded content outline in English, Chinese, and Korean. There are also abbreviated content outlines available in English.

7. How many candidates pass the exams on their first attempt?

Please refer to the chart below for 2014-2017 exam pass rates for first-time takers from Certification Route 1: Formal Education: United States Applicants.

Exam Module	2014	2015	2016	2017
Acupuncture with Point Location	82.5	79.7	75.9	79.4
Biomedicine	74.1	72.3	73.5	74.5
Chinese Herbology	80.0	80.2	78.0	83.9
Foundations of Oriental Medicine	83.8	78.1	78.0	79.1

8. If I fail the exam, when can I take it again?

Candidates who fail an exam must wait 45 calendar days from their previous attempt before they can take it again. The NCCAOM recommends that you give yourself sufficient time to prepare to retake the exam that you failed, as each exam can only be taken 5 times. Please refer to question #11 for additional information.



9. Is there a limit as to how many times an exam can be taken?

Yes. Candidates are only allowed five (5) opportunities to take each exam module. After the fifth unsuccessful attempt (all formats and/or languages inclusive), the candidate will not be allowed to take the exam again. Please refer to question #11 for additional information.

10: Are there planned changes to any of the exams?

New content outlines, as determined by the 2017 Job Analysis, will be effective in 2020. They will be posted mid-2018. All exam modules, Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology, will be administered in linear format during 2020.

Approved Candidates Scheduling an Exam

Approved Candidate:

An Approved Candidate is one who has met the NCCAOM eligibility requirements and has been authorized to register for the NCCAOM exams. Approved Candidates will receive an NCCAOM® Authorization to Test (ATT) Letter mailed via the U.S. Postal Service. It is imperative that the candidate keep their physical address up-to-date with the NCCAOM. The ATT letter is very important because it contains the information needed to schedule examinations and gain access to the Pearson VUE testing center. The candidate has the flexibility to select their own schedule and can register for an exam by telephone or over the internet.

Note: If you have any questions regarding your ATT letter or whether you are an Approved Candidate, please contact info@thenccaom.org.

11. When can I schedule an exam? Are there exam registration deadlines?

Candidates must allow 6-8 weeks for the processing of their application before they are approved to take an exam. It is also important to remember that candidates must take and pass all required exams within four years from the date that the NCCAOM processed their application payment.

English language exams:

Candidates taking an NCCAOM exam in English can schedule at any time. Open registration means that once candidates are approved to test (receive an Authorization to Test (ATT) letter), they can register and schedule their exam for any available time at their desired Pearson VUE test center. Candidates can register for their exams at their convenience and there is no deadline for registration.

Candidates who fail an exam must wait **45 calendar days** before they can retake the same exam. The 45-day waiting period allows candidates to receive their diagnostic report and review any areas of weakness before repeating the exam. The NCCAOM strongly encourages candidates to study before retaking an exam, as candidates are only granted five opportunities to take any one



exam. For more information click on the link to “Re-take an Examination” from the [Navigating the National Board Certification Process](#) page on the NCCAOM website.

Foreign language exams:

Foreign language exams do have registration deadlines, shown in the following table. For the most up-to-date information about these exams, click on the link for Foreign Language Exams from the [General Examination Information](#) page on the NCCAOM website.

Language	Foreign Language Exam Administration Period	Registration Open	Registration Closes
Chinese	June 18–30, 2018	November 1, 2017	June 29, 2018
	October 1–13, 2018		October 12, 2018
Korean	June 18–30, 2018	November 1, 2017	April 30, 2018
	October 1–13, 2018		July 31, 2018

12. How do I schedule an exam?

Candidates can schedule any NCCAOM exam by calling Pearson VUE directly at (888) 235-7649, Monday through Friday, 7am-7pm CT, or by scheduling online at the [Pearson VUE NCCAOM Certification Testing](#) page. The candidate’s ATT letter provides registration information and detailed instructions on how to schedule an exam. Candidates can schedule their exams within the four-year period after their application has been approved. NCCAOM exams are administered at over 250 Pearson VUE Professional Test Centers around the world. When candidates schedule an exam, they pay Pearson VUE directly using Visa, MasterCard, or American Express credit cards.



Taking the Exam

13. Is it true that the screen turns off after 5 minutes, from the time the computer is started by the proctor, if the first question is not answered?

Yes. The first question is a legal agreement that says you will treat everything you see on the exam with the utmost and absolute confidentiality. You will have 5 minutes to review the agreement and select **“I agree”** to begin your exam. To ensure you are prepared for this step, please read the full text of the *Non-Disclosure Agreement and Full Terms of Use for the NCCAOM Exam* below.

If you do not accept this agreement presented on-screen within the allotted **5 minutes**, your exam will terminate and you will be locked out of the computer. In addition, you will not be allowed to continue with your exam and **your fees for that exam will not be refunded**. According to Pearson VUE rules, you may not begin writing on your note board until your test has been started. **Therefore, candidates should not use their note boards until after they have agreed to the Non-Disclosure Agreement (NDA).** If your exam terminates because you were writing on your note board during the NDA, Pearson VUE will not be able to start your exam again, you will forfeit all the fees paid for the exam, and you will have to reregister and pay full fees for the exam if you wish to take it again.

Non-Disclosure Agreement and General Terms of Use for NCCAOM Exams

“I have read and understand the Examination Instructions. I have agreed to abide by the NCCAOM® Grounds for Professional Discipline and acknowledge that if I am caught cheating on this examination, including the sharing of information after the examination is complete; I will be subject to review by the Professional Ethics and Disciplinary Committee of NCCAOM. If I am found to have violated the Grounds for Professional Discipline, I understand that my scores will be cancelled and I may not have the opportunity to test again.

Additionally, I understand that this exam is confidential and is protected by trade secret law. It is made available solely for the purpose of becoming certified by NCCAOM. I am expressly prohibited from disclosing, publishing, reproducing, or transmitting this exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

I am the candidate whose name appears on the initial screen and as an affirmation to the Statement of Acknowledgement I signed when submitting my application. I acknowledge that I am prohibited from transmitting information about NCCAOM examination questions or content in any form to any person or entity. I also acknowledge that if I suspect a violation on the part of others, it is my responsibility to report these actions to the NCCAOM.”



14. Do all the questions have to be answered on the exam or can some answers be blank?

English language exams:

You must answer all 100 questions for your examination to be scored. Adaptive testing does not allow the tester **to go back** to a question once they have moved onto the next question. See the answer to Question #2 for additional information.

Foreign language exams:

Exams in Chinese and Korean are administered in computer-based, linear format. This format allows candidates to go back and review their answers once all questions are completed. See the answer to Question #2 for additional information.

15. I think one of the questions I received could have more than one correct answer. What is the procedure to have this question reviewed?

At the test center a candidate can file an incident report regarding exam content concerns with the test proctor while the item is still fresh in one's mind. Be sure to obtain a copy of the incident report number. The incident report will be forwarded onto NCCAOM's Testing staff upon request, and the concerns will be reviewed by multiple subject matter experts (licensed Acupuncturists who are considered experts in the exam content).

Also, please refer to the Examination Content Complaint section of the [NCCAOM® Certification Handbook](#). Candidates may submit concerns, suspected errors in particular questions, or comments about specific aspects of the examination content by emailing the NCCAOM Testing staff at examcontent@thenccaom.org. All concerns must be in writing and received within 30 days of your exam. Please be as specific as possible when challenging a question(s) for the subject matter experts to review.

No specific exam content will be discussed with candidates, including whether your answers were correct or incorrect. **The NCCAOM never releases copies of examinations or individual questions.** This is considered best practice within the licensure/certification testing industry and the NCCAOM must protect the integrity of the exam – most especially its content. As the NCCAOM's mission is to ensure the safety and wellbeing of the public, we take the security of our exam content very seriously and therefore never share any specific information about questions with candidates. It is important to refrain from discussing content of the exam with anyone other than the NCCAOM Testing staff, otherwise you will be in violation of the Non-Disclosure Agreement you accepted at the test center.



Exam Scoring & Results

16. How many questions must be answered correctly to pass an exam?

There is **NO predetermined** number of questions that must be answered correctly in order to pass an exam. It is not the number of correct answers that determines whether a candidate passes, but their **overall score** based on the difficulty of the questions answered correctly. For additional information, read [General Considerations for Setting a Passing Standard](#), and [Equating and Scaling: Assuring the Highest Level of Fairness for Examination Programs](#), accessible by clicking on the “Examination Results” link from the [Navigating the National Board Certification Process](#) page on the NCCAOM website.

17. What is a scaled score?

Scaled scores are measures of candidate performance, and the higher the score, the better the performance. Scaled scores range from 1 to 99, with 70 designated as the passing score. Scaled scores **DO NOT** represent the percentage of questions answered correctly on the exam.

English language exams:

A candidate’s raw score (the total number of questions answered correctly), taking into consideration question difficulty, is transformed into a scaled score. Because each candidate answers a unique set of questions on an adaptive exam, scaled scores are reported to provide a direct comparison of performance across candidates and exams. This allows candidates to be held to the same passing standard regardless of which questions they receive.

Foreign language exams:

A candidate’s raw score (the total number of questions answered correctly) is transformed into a scaled score for reporting purposes. This transformation is necessary because multiple forms are administered for each of our exams. Candidates are held to the same passing standard regardless of which form they take, so scaled scores are reported instead of raw scores to provide a direct comparison of performance across forms and administrations.

18. When will I receive my exam results?

English language exams:

Immediately after completing an exam at a Pearson VUE test center, candidates receive notification on-screen regarding whether they passed or failed the exam. These results are **preliminary** and are verified by a third-party testing company before becoming **official**. An official results letter will be mailed to the candidate within 20 business days after completion of the exam. Until the official results letter is received, exam results are considered preliminary. Candidates can request that their exam results be sent directly to their state licensing Board, which may expedite the state licensure process.



Foreign language exams:

Preliminary results are not provided for foreign language exams. Official results letter will be mailed to candidates approximately 45 business days after the last day of the exam administration period.

19. I failed the exam. What areas do I need to focus on for the next exam?

The NCCAOM recommends that you use the scaled scores in the Examination Content Area Diagnostic Report in your official results letter to provide guidance regarding the area(s) in which remediation is needed, starting in the area with the lowest scaled score. However, keep in mind that each content area consists of a small number of questions, making this information less reliable than the total scaled score that measures overall exam performance. In other words, the small number of questions in each content area limits the degree to which you can generalize performance to a strength or weakness in a content area. Regardless of your content area scaled scores, the NCCAOM suggests that you study the entire Expanded Content Outline in preparation for your next exam, which are free to download from the [Examination Preparation](#) section of the NCCAOM website. The NCCAOM Testing staff are not subject matter experts and cannot provide any guidance on how to study for the exam.

The NCCAOM strongly encourages any candidate who fails the exam to seek guidance on how to prepare for their next attempt. Speak with your school program director, a faculty member, or a mentor, or research reputable test preparation services or publications that can assist you. The *NCCAOM® Candidate Preparation Guides*, which contain the Expanded Content Outlines and a bibliography of study references, are valuable resources and can be downloaded for free from the NCCAOM website under the [Examination Preparation](#) section.

20. I failed the exam. How do I request verification of my exam results and overall scaled score?

You may request that your exam be rescored within 30 days of receiving initial notification that you failed the exam. The score verification process is simply a manual check of the computer's scoring, conducted by NCCAOM Testing staff, to ensure that your responses were accurately recorded. Score verification does not include a review of examination content or reconsideration of the correct answer to any item. If you would like to submit a score verification request, please email accounting@thenccaom.org to request the NCCAOM® Score Verification Request form. The form must be completed in its entirety and returned to the same email address along with payment information. There is a \$100 score verification fee per exam. Individual items and exam content will not be discussed or considered during the score verification process.

Please note that the NCCAOM does not encourage score verification requests. We enforce strict quality control procedures to ensure exam results are accurate before they are released to candidates. Every exam is scored independently by two professional testing companies to ensure each item is scored accurately and the overall score is correct. In addition, both testing companies have multiple checks in place to flag anomalies in test data that require investigation. Due to the



thoroughness of the NCCAOM's examination scoring procedures, no errors have ever been identified from a score verification request.

21. How did I fail the exam when the average of my content area scaled scores was 70 (or higher)?

Your overall scaled score cannot be calculated from the content area scaled scores provided on your Examination Content Area Diagnostic Report. The content areas contain varying numbers of questions, so an average of your content areas scores is not the same as your overall scaled score. Your overall scaled score is based solely on your performance on the entire exam.

22. I passed the exam. What was my score?

Candidates who pass the exam will not receive their total score or a breakdown of their performance in each content area. NCCAOM exams are designed to test entry-level competence to practice, not to measure excellence.

The purpose of the Examination Content Area Diagnostic Report is to assist candidates who fail the exam in understanding the strengths and weaknesses of their performance and to help focus study efforts.

23. I passed all the required exams. Does this mean I'm now certified?

Passing all required NCCAOM exams does not automatically result in certification. See the Steps to NCCAOM Certification in the [NCCAOM® Certification Handbook](#) for information about the documents required to become certified.

Candidates are not certified until all required documents are accepted and the candidate has received the official NCCAOM congratulatory letter along with a wallet-size identification card by USPS mail. Candidates may not represent or advertise NCCAOM certification until this official notification is received (approximately six (6) weeks after all requirements are met). Candidates may expect to receive an NCCAOM certificate, suitable for framing, approximately six (6) weeks from the date certified.

It is the candidate's responsibility to submit a request to the NCCAOM for their results to be sent to any regulatory agencies.

© Copyright 2018 NCCAOM

Any use of these materials, including reproduction, modification, distribution or republication, without the prior written consent of NCCAOM, is strictly prohibited.