

2022  
NCCAOM® Candidate Preparation Handbook  
for  
Acupuncture (ACP) Certification



All NCCAOM certification programs are accredited by the NCCA®

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## NCCAOM® Mission, Vision, and Core Values

### NCCAOM® Mission

*To assure the safety and well-being of the public and to advance and advocate for the professional practice of NCCAOM Board-Certified Acupuncturists™ by promoting established national standards focused on competence and credentialing.*

### NCCAOM® Vision

*NCCAOM Board-Certified Acupuncturists™ will be globally recognized and integral to person-centered healthcare and accessible to all members of the public. NCCAOM Board Certification will be nationally recognized by all employers and government entities as the standard for acupuncturists.*

### NCCAOM® Core Values

*Through its commitment to lifelong learning and the highest quality of credentialing standards for public safety, the NCCAOM upholds the values of integrity, community, service, inclusiveness, advocacy, and accountability in all of its interactions and relationships.*



The NCCAOM programs in Oriental Medicine, Acupuncture, and Chinese Herbology are accredited by the National Commission for Certifying Agencies (NCCA) and carry the NCCA seal.

### Non-Discrimination Policy

The NCCAOM does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, handicap, marital status, national origin, or ancestry.



## About NCCAOM®

Founded in 1982 as a non-profit certification organization, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) is widely accepted as the most influential leader in the field of certification for acupuncture and herbal medicine. There are currently over 20,500 active NCCAOM Diplomates (NCCAOM certificate holders) practicing with a current NCCAOM Certification. The NCCAOM is responsible for the development and administration of the Acupuncture, Chinese Herbology, and Oriental Medicine Certification Programs. The NCCAOM evaluates and attests to the competency of its National Board-Certified Acupuncturists™ through rigorous eligibility standards and demonstration and assessment of the core knowledge, skills and abilities expected for an entry level practitioner of acupuncture and herbal medicine.

To learn more about the NCCAOM visit the [About](#) tab on the NCCAOM website.

## NCCAOM Certification Programs

The NCCAOM certification programs include Oriental Medicine (OM), Acupuncture (Ac), and Chinese Herbology (CH). The Asian Bodywork Therapy (ABT) program no longer offers examinations, however the current ABT Diplomates may keep their NCCAOM board certification by maintaining their continued competencies. The three certification programs are accredited by the National Commission for Certifying Agencies (NCCA) that exceed the requirements set forth by the American Psychological Association and the United States Employment Opportunity Commission.



Oriental Medicine  
Dipl. O.M. (NCCAOM)®



Acupuncture  
Dipl. Ac. (NCCAOM)®



Chinese Herbology  
Dipl. C.H. (NCCAOM)®



Asian Bodywork Therapy  
Dipl. ABT (NCCAOM)®



## NCCAOM® Code of Ethics

All practitioners certified by the NCCAOM are committed to responsible and ethical practice, to the growth of the profession within the broad spectrum of American healthcare, and to their own professional growth. All Diplomates, applicants and candidates for certification are bound by the [NCCAOM® Code of Ethics \(PDF\)](#) and [NCCAOM® Grounds for Professional Discipline \(PDF\)](#).

## NCCAOM® Diversity, Equity and Inclusion (DEI) Statement

The NCCAOM is committed to ensuring Diversity, Equity, and Inclusion (DEI) within the acupuncture and herbal profession and formed the [NCCAOM® Diversity, Equity and Inclusion Statement \(PDF\)](#).

## Benefits of NCCAOM® Certification

All the benefits of Certification can be found at [Diplomate Benefits \(NCCAOM Website\)](#).



## Introduction

Passing the Foundations of Oriental Medicine, Biomedicine, and Acupuncture with Point Location exams is one required step to becoming an NCCAOM® Diplomate of Acupuncture, and demonstrates a candidate possesses the core knowledge, skills, and abilities expected of an entry-level practitioner of Acupuncture. 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 Acupuncture 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 \(opens in new tab\)](#), available on the NCCAOM website. If the candidate's application has not been approved and/or there are questions about the application process, please refer to the *NCCAOM® Certification Handbook* or email [info@thenccaom.org](mailto:info@thenccaom.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.

To receive an authorization to test (ATT) letter, in addition to fulfilling all education requirements of the qualifying eligibility route, first-time applicants must successfully complete the [Clean Needle Technique \(CNT\) \(opens in new tab\)](#) program administered by the Council of Colleges of Acupuncture and Herbal Medicine (CCAHM) and have the CCAHM send verification directly to the NCCAOM. More information is available on the [CCAHM website \(opens in new tab\)](#). To achieve certification the applicant must have on file with the NCCAOM a graduation transcript, a CCAHM CNT certificate of completion and official notice of passing all required NCCAOM exams. Please refer to the *NCCAOM® Certification Handbook* or email [info@thenccaom.org](mailto:info@thenccaom.org) for more information about the NCCAOM certification requirements.

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 Certifying Agencies \(NCCA\) \(opens in new tab\)](#), an organization that enforces testing industry standards to help ensure the health, welfare, and safety of the public. In order for the NCCAOM Acupuncture certification 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 based on well-designed and executed job analysis (JA) study. A JA study establishes the link between competencies assessed by the examination and what practitioners actually perform 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 five years.

The current examination content outlines contained in this Handbook are based on the results from the [2017 Job Analysis study \(opens in new tab\)](#). During a JA study, a panel of subject matter experts (SMEs) consisting of 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 entry-level acupuncturist. This list is converted into a survey that is distributed to NCCAOM Diplomates and 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 perform on-the-job.

This Handbook provides the content outlines for each exam required for NCCAOM certification in Acupuncture. 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 the 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.

The NCCAOM<sup>®</sup> Examination Content Development Committees (ECDCs) create new items for the certification exams. The ECDCs 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 ECDCs 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 item writing guidelines which includes instructions 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 seen on the exams appear later in this Handbook.

### ***Item Review***

The Examination Review Committee (ERC) review all accepted items from the Examination Content Development Committees (ECDCs) 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. All exams include scored items as well as a limited number of pretest items. In other words, new (pretest) items are utilized to determine the validity of using a question as a scored item on future exams. Pretest items do not count toward a candidate's total score until statistical analyses are conducted to demonstrate if or that they meet psychometric standards. Items not meeting psychometric standards are flagged and additional review must be conducted by the SMEs. Flagged items that have been revised are then again pretested 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 exam 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 (ATT) 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 a candidate has misplaced their NCCAOM® Authorization to Test (ATT) Letter, they may reprint the letter from their online account located in the NCCAOM portal. For assistance, email [info@thenccaom.org](mailto: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 the candidate's identification, take the candidate's 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.

Candidates will also be asked to provide their signature to ensure it matches the signature provided on the candidate's ID.

No personal items are allowed in the testing room (e.g., wallet, cell phone, food) and candidates will be asked to empty their 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 Process \(opens in new tab\)](#) and the [Pearson VUE \(opens in new tab\)](#) websites.

### ***Incident Weather, Power Failure or Emergency***

In the event of inclement weather or unforeseen emergencies on the day of an examination, Pearson VUE will determine whether circumstances warrant the cancellation and subsequent rescheduling of an examination. The examination will usually be rescheduled if the testing center personnel are unable to open the facility.

On rare occasions, technical difficulties at the test center may be encountered. If the test center experiences an unexpected, temporary power outage during an administration, back-up systems are in place, so every reasonable effort will be made to retrieve testing data. The candidate's examination will restart from the point where it was interrupted, and the candidate continues the examination. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a testing center, all scheduled candidates will receive notification by e-mail or telephone regarding rescheduling.

### ***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 (NDA) and General Terms of Use for NCCAOM Exams* presented on the computer screen. 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.

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

#### *Non-Disclosure Agreement (NDA) 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 canceled, 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 the candidate's participation, invalidate examination results, seek monetary compensation, deny the candidate's 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. Communicating with anyone other than a proctor in the case of a site irregularity in which the candidate 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.

7. 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.
8. Writing on the desk, other furniture, clothing, or any body part in the examination room before or during the examination.
9. Allowing visitors into unauthorized areas of the examination site.
10. Impersonating, or attempting to impersonate another candidate, or allowing another person to take the examination on behalf of the candidate.
11. 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, and Acupuncture with Point Location exams 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 \(opens in new tab\)](#). 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 Scoring and 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 \(PDF\)](#), and [Equating and Scaling: Assuring the Highest Level of Fairness for Examination Programs \(PDF\)](#), accessible on the “Examination Results” section from the [Examination Process \(opens in new tab\)](#) 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 a computer adaptive 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 result letters are mailed to candidates within 20 business days of the test date. Candidates can track their examination results by accessing their online account located in the NCCAOM portal. Although every effort is made to ensure the accuracy of the information reported online, the mailed result letter is the official notification. The ATT Letter should be maintained in a permanent personal file.

The candidate’s examination results are released to their schools and the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM). Score information is used in aggregate to evaluate a program’s performance, which is required as part of the



ACAHM accreditation process. Candidates can request that their exam results be sent to their state licensing Board directly from their online account located in the NCCAOM portal, which may expedite the state licensure process.

When a candidate passes the exam, their official result 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.

### ***Score Verification***

A candidate may request to have their exam score verified 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. Individual items and exam content will not be discussed or considered during the score verification process.** Candidates who would like to request a score verification, must complete and submit the [NCCAOM® Score Verification Request form \(opens in new tab\)](#). An invoice will be issued in the candidate's online account located in the NCCAOM portal where payment will be applied. A \$125 fee is required for each exam score verification request.

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.

### ***Exam Content Review***

A candidate may submit questions or comments about specific aspects of the exam content, in writing, to the NCCAOM ([examcontent@thenccaom.org](mailto:examcontent@thenccaom.org)) within 30 days of taking the examination. Only individual items will be reviewed, and reviews are not conducted on a candidate's entire exam. The written inquiry must include the candidate's name, NCCAOM ID, email address, test date and location, exam taken, and



a description of the specific item or concern (e.g., an item with a pregnant woman had more than one correct answer). **Failing an examination alone is not sufficient grounds to submit a complaint.** The request will first be reviewed by the NCCAOM Testing Department to determine if the item(s) or comment(s) is to be presented to the NCCAOM® Examination Review Committee for a final determination. Please note that submission of a request does not automatically lead to a rescoring of the exam or Committee review. If the item(s) under review is/are found to have a discrepancy, the candidate's examination will be rescored. The candidate will be notified in writing within 45 business days of the results of their inquiry. No information regarding the specific item(s) will be discussed with candidates. All determinations of the NCCAOM® Examination Review Committee are final.

**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 the candidate refrain from discussing the content of the examination question with anyone other than the NCCAOM Testing Department. Doing so is a violation of the NCCAOM® Non-Disclosure Agreement.** 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.

## 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 school program directors, a faculty member, or a mentor, or research reputable test preparation services or publications that can assist. The 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 upon 1 - 4 attempts must wait 45 days from the previous test date before they can retake the exam. Wait times for additional attempts vary. Details can be found on the NCCAOM website under [Re-Taking an Exam \(opens in new tab\)](#) section.

### ***Exam Attempts***

Candidates have five (5) opportunities to successfully pass an examination once their graduate transcript and CNT Certificate are received at NCCAOM. After the fifth unsuccessful attempt to pass an NCCAOM examination (all formats and/or languages inclusive), the candidate must satisfy additional educational requirements based on multiple factors like certification application validity, exams passed, etc. to receive additional exam attempts. Please refer to [NCCAOM's retake policy \(opens in new tab\)](#) on the website to identify requirements candidates must satisfy to continue testing. Please email [examattempts@thenccaom.org](mailto:examattempts@thenccaom.org) for further information.



## 2022 Content Outlines

Based on the job analysis conducted in 2017, the content outlines for the Certification in Acupuncture are included below. All the examinations administered in 2022 will be based on these content outlines. Please note that the Acupuncture Certification includes the content outlines for the following examinations: Foundations of Oriental Medicine, Biomedicine, and Acupuncture with Point Location.

### The Foundations of Oriental Medicine Content Outline

(Effective as of January 1, 2020)

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.

#### Domain I: Clinical Examination Methods (35% of Exam)

##### A. Looking (*Wang*)

##### 1. Spirit (*Shen*)

- a. Identify outward manifestation of Spirit (*Shen*) (e.g., complexion, expression, demeanor, general behavior)
- b. Identify and relate state of Spirit (*Shen*) to clinical significance

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

- a. Identify normal and abnormal conditions and changes of the eyes, nose, ears, mouth, lips, teeth, throat, face, and complexion (including color, moisture, texture, and organ-indicative locations)
- b. Identify and relate the pathological manifestations of the face, including color, moisture, texture, to organ correspondence and to pattern/syndrome differentiation\*



3. Tongue
    - a. Identify normal and abnormal manifestations, patterns, conditions, and changes of the tongue and sublingual veins
    - b. Identify and relate features of the tongue and tongue coating, including color, size, moisture, texture, shape, position, movement, organ correspondence to pattern/syndrome differentiation\*
  4. Physical characteristics of the body
    - a. Identify normal and abnormal form, movement, and physical characteristics (e.g., head, hair, neck, back, chest, abdomen, extremities, nails)
    - b. Identify and relate form, movement, and physical characteristics to pattern/syndrome differentiation\*
    - c. Identify normal and abnormal conditions and changes of the skin
    - d. Identify and relate the pathological significance of conditions and changes of the skin to pattern/syndrome differentiation\*
    - e. Identify normal and abnormal excretions (e.g., sputum, saliva, sweat, discharge, stool, urine)
    - f. Identify and relate the pathological significance of excretions to pattern/syndrome differentiation\*
- B. Listening and smelling (*Wen*)
1. Sounds
    - a. Identify and relate normal and abnormal respiratory sounds to pattern/syndrome differentiation\*
    - b. Identify and relate normal and abnormal tonal qualities, voice, and speech to pattern/syndrome differentiation\*



## 2. Odors

- a. Identify and relate normal and abnormal body, breath/mouth odors to pattern/syndrome differentiation\*
- b. Identify and relate normal and abnormal odors of excretions/secretions (e.g., urine, stool, wound exudates) to pattern/syndrome differentiation\*

## C. Asking (*Wen*)

### 1. Chief complaint

- a. Assess presenting complaint (e.g., onset, location, aggravation)
- b. Identify and relate chief complaint to pattern/syndrome differentiation\*
- c. Identify appropriate additional questions based on patient's responses and examination findings

### 2. Current health conditions

- a. Evaluate a review of systems, including the “Ten Questions” (*Shi Wen*) (e.g., pain, energy level, sweating)
- b. Identify and relate current health conditions to pattern/syndrome differentiation\*
- c. Identify appropriate additional questions based on patient's responses and examination findings

### 3. Patient environmental and social history

- a. Identify and relate internal factors (e.g., emotions, stress) to pattern/syndrome differentiation\*
- b. Identify and relate external factors (e.g., environmental factors) to pattern/syndrome differentiation\*
- c. Identify and relate miscellaneous factors (e.g., dietary habits, work habits, occupation) to pattern/syndrome differentiation\*



4. Health history
  - a. Assess personal health history, including previous symptoms, diagnoses, and treatments
  - b. Assess family history
  - c. Identify and relate health history to pattern/syndrome differentiation\*
  - d. Identify appropriate additional questions based on patient's responses and health history
- D. Touching/palpation (*Qie*)
  1. Pulses
    - a. Differentiate radial pulse characteristics (e.g., rate, depth, strength) and relate to pattern/syndrome differentiation\*
  2. Abdomen
    - a. Assess the abdomen (e.g., temperature, texture, shape, and pain) and relate to pattern/syndrome differentiation\*
    - b. Identify abdominal regions corresponding to organ systems (e.g., abdominal diagnosis)
  3. Channels
    - a. Identify and correlate findings along the channels (e.g., nodules, tenderness, temperature) to pattern/syndrome differentiation\*
  4. Other body areas
    - a. Identify and correlate body sensations (e.g., pain, numbness, tingling, sensitivity), temperature changes, and quality of tissue (e.g., edema, hardness/softness, tension/flaccidity) to pattern/syndrome differentiation\*

\*Pattern/Syndrome Differentiation:

- |                               |                                    |
|-------------------------------|------------------------------------|
| • Eight Principles (Ba Geng)  | • Six Stages (Liu Jing)            |
| • Organs (Zang Fu)            | • Four Levels (Wei, Qi, Ying, Xue) |
| • Meridian/Channel (Jing Luo) | • 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 Acupuncture and Chinese Medicine Theory (35% of Exam)

- A. Differential diagnosis based upon chief complaint, prioritization of major signs and symptoms, knowledge of acupuncture and Chinese medicine diseases, and pattern identification
1. Yin/Yang Theory
    - a. Assess and analyze signs and symptoms according to yin/yang theory
    - b. Identify and apply yin/yang theory to formulate a pattern/syndrome differentiation
  2. Five Elements Theory (Five Phases/*Wu Xing*)
    - a. Assess and analyze signs and symptoms according to Five Elements theory
    - b. Identify and apply Five Elements theory to formulate a pattern/syndrome differentiation
  3. Eight Principles (*Ba Gang*) (e.g., interior/exterior, heat/cold)
    - a. Assess and analyze signs and symptoms according to the Eight Principles
    - b. Identify and apply the Eight Principles to formulate a pattern/syndrome differentiation
  4. Qi, Blood, Body Fluids Theory (*Qi, Xue, Jin Ye*)
    - a. Assess and analyze signs and symptoms according to Qi, Blood, body fluids theory
    - b. Identify and apply Qi, Blood, body fluids theory to formulate a pattern/syndrome differentiation



5. Channel Theory (*Jing Luo*) (e.g., Twelve primary channels, Eight Extraordinary channels, Luo-connecting channels)
  - a. Assess and analyze signs and symptoms according to channel theory
  - b. Identify and apply channel theory to formulate a pattern/syndrome differentiation
6. Organ Theory (*Zang Fu*)
  - a. Assess and analyze signs and symptoms according to organ theory
  - b. Identify and apply organ theory to formulate a pattern/syndrome differentiation
7. Six Stages Theory (e.g., *Tai Yang, Yang Ming, Jue Yin*)
  - a. Assess and analyze signs and symptoms according to Six Stages theory
  - b. Identify and apply Six Stages theory to formulate a pattern/syndrome differentiation
8. Four Levels Theory (*Wei, Qi, Ying, Xue*)
  - a. Assess and analyze signs and symptoms according to Four Levels theory
  - b. Identify and apply Four Levels theory to formulate a pattern/syndrome differentiation
9. Triple Burner Theory (*San Jiao*)
  - a. Assess and analyze signs and symptoms according to Triple Burner theory
  - b. Identify and apply Triple Burner theory to formulate a pattern/syndrome differentiation
10. Etiology Theory: External, Internal, and Miscellaneous (neither External nor Internal)
  - a. External (e.g., Wind, Damp, Cold, Pestilential Qi [*Li Qi*])
    - i. Assess and analyze signs and symptoms according to external etiology
    - ii. Identify and apply external etiology theory to formulate a pattern/syndrome differentiation



- b. Internal (e.g., anger, joy, stress)
  - i. Assess and analyze signs and symptoms according to internal etiology
  - ii. Identify and apply internal etiology theory to formulate a pattern/syndrome differentiation
- c. Miscellaneous (e.g., diet, lifestyle, trauma, Phlegm, Blood Stasis)
  - i. Assess and analyze signs and symptoms according to miscellaneous etiology

### Domain III: Treatment Principle and Strategy (30% of Exam)

#### A. Treatment principle and strategies

1. Formulate treatment principle and strategies based upon
  - a. Yin/Yang Theory
  - b. Five Elements Theory (Five Phases/*Wu Xing*)
  - c. Eight Principles (*Ba Gang*) (e.g., interior/exterior, heat/cold)
  - d. Qi, Blood, Body Fluids Theory (*Qi, Xue, Jin Ye*)
  - e. Channel Theory (*Jing Luo*) (e.g., Primary channels, Extraordinary channels, Luo-connecting channels)
  - f. Organ Theory (*Zang Fu*)
  - g. Six Stages Theory (e.g., *Tai Yang, Yang Ming, Jue Yin*)
  - h. Four Levels Theory (*Wei, Qi, Ying, Xue*)
  - i. Triple Burner Theory (*San Jiao*)
  - j. Etiology Theory: External, Internal, and Miscellaneous (neither External nor Internal)
2. Prioritize treatment strategies based on acupuncture and Chinese medicine principles (e.g., Root and Branch, constitutional, seasonal)
3. Modify treatment principle and/or strategy based on patient's response, disease progression, and lifestyle factors



B. Lifestyle changes and self-care modalities

1. Recommend lifestyle changes and self-care modalities

- a. Exercise (e.g., Qi Gong, Tai Ji)
- b. Meditation, relaxation, and breathing techniques
- c. Dietary guidance



## The Biomedicine Content Outline

(Effective as of January 1, 2020)

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 examination.

**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 (80% of Exam)

- A. Clinical application of biomedical sciences (e.g., anatomy, physiology, pathology, pathophysiology), pharmacology, and nutrients and supplements **(25%)**
  1. Biomedical sciences
    - a. Differentiate normal and abnormal structures and functions of body systems from a biomedical perspective
    - b. Recognize signs, symptoms, and morbidities associated with common medical conditions
  2. Pharmacology **(Refer to Appendix A: Pharmaceuticals)**
    - a. Identify functional classifications, mechanisms, side and adverse effects related to pharmaceutical categories
    - b. Identify routes of administration (e.g., intravenous, oral, subcutaneous)
    - c. Demonstrate knowledge of the effects of the use of tobacco, alcohol, and drugs of abuse
    - d. Identify clinically significant pharmaceutical-supplement interactions
  3. Nutrients and supplements **(Refer to Appendix B: Nutrients and Supplements)**



- a. Identify major classifications, known actions, and potential adverse effects related to commonly used nutrients and supplements
  - b. Recognize signs and symptoms associated with abnormal levels of commonly used nutrients and supplements
- B. Patient history and physical examination (20%)**
1. Patient history (e.g., chief complaint, allergies, medical history, personal and family history)
    - a. Conduct a medical interview to obtain patient history
    - b. Organize information obtained during interview into appropriate sections of the patient history
  2. Physical examination
    - a. Recognize how each portion of the physical examination is performed
    - b. Identify the components and clinical significance of a general systems examination (e.g., vital signs, pulmonary, cardiovascular, gastrointestinal)
      1. Identify relevant examination techniques such as observation, auscultation, and palpation as applied to each system
      2. Recognize how each portion of the general systems examination is performed
      3. Identify the clinically significant findings obtained from a general systems examination
    - c. Identify the components and clinical significance of a musculoskeletal examination
      1. Identify relevant examination techniques (e.g., range of motion, muscle strength testing, and special tests including orthopedic tests)
      2. Recognize how each portion of a musculoskeletal examination is performed



3. Identify the clinically significant findings obtained from a musculoskeletal examination
- d. Identify the components and clinical significance of a neurological examination
  1. Identify relevant examination techniques (e.g., assessment of cognitive function, evaluation of cranial nerves, sensory and motor function, dermatomal testing, and reflexes)
  2. Recognize how neurological examinations are performed
  3. Identify the clinically significant findings obtained from a neurological examination
3. Medical imaging, laboratory tests, and other diagnostic tests
  - a. Medical imaging
    1. Recognize the indications for common medical imaging (e.g., x-ray, MRI, CT, PET, colonoscopy, cystoscopy, bronchoscopy)
    2. Recognize the clinical significance of information from medical imaging
  - b. Laboratory tests
    1. Recognize the indications for common laboratory tests (e.g., complete blood count, basic metabolic panel, thyroid panel)
    2. Recognize the clinical significance of abnormal findings for medical laboratory tests
  - c. Other diagnostic tests
    1. Recognize the indications for common diagnostic tests (e.g., EMG, EKG)
    2. Recognize the clinical significance of information gathered from diagnostic tests



C. Clinical assessment process (**Refer to Appendix C: Medical Conditions**) (30%)

1. Recognize abnormalities in the functions of the body systems (e.g., respiratory, cardiovascular, urogenital, reproductive, nervous)
2. Recognize the clinical significance of normal and abnormal findings
3. Recognize typical presentations of commonly encountered medical conditions
4. Recognize commonly encountered red flags/ominous signs (e.g., signs of stroke, heart attack, suicidal ideation, domestic abuse, trauma)

D. Clinical decision-making and standard of care (5%)

1. Recognize medical conditions that may be treated without referral
2. Recognize medical conditions that require co-management
3. Recognize medical conditions that require a referral
4. Differentiate the most appropriate type of referral: emergent = immediate, urgent = 24-48 hours, or routine = 48 hours - 7 days
5. Recognize the conventional biomedical prognoses, management, and/or standard of care for common medical conditions

**Domain II: Safety and Professional Responsibilities (20% of Exam)**

A. Risk management and safety

1. Recognize situations that require special care or emergency management (e.g., burns, seizures, falls, anaphylaxis)
2. Implement emergency protocols in practice (e.g., contacting emergency services)
3. Recognize the purpose of professional insurances (e.g., general liability, malpractice insurance)



## B. Infection control

1. Recognize common communicable diseases (e.g., influenza, hepatitis, HIV, tuberculosis)
2. Identify modes of transmission of common communicable diseases (e.g., airborne, fecal-oral)
3. Recognize and apply universal precautions
4. Manage hazardous situations (e.g., coughing, bleeding, vomiting)

## C. Federal regulations

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

## D. Reporting and record-keeping

1. Maintain and release patient medical records in accordance with federal and state regulations
2. Recognize and respond to mandated reportable conditions (e.g., elder and child abuse, infectious diseases, bioterrorism)
3. Recognize the purpose of medical coding (e.g., ICD, CPT, E&M codes)
4. Utilize medical coding (e.g., ICD, CPT, E&M codes)

## E. Ethics and professionalism

1. Demonstrate knowledge of professional ethical standards (e.g., conflict of interest, negligence, boundary violations, scope of practice)
2. Provide informed consent related to patient care
3. Communicate professionally with patients, the public, and other health care providers



- F. Integration of acupuncture and Chinese medicine with biomedicine
1. Communicate the differences and commonalities between acupuncture and Chinese medicine and biomedicine (e.g., correlation of diagnostic categories, differences in uses of organ systems)
  2. Explain acupuncture and Chinese medicine concepts using biomedical terminology for health care providers, patients, and the public



## Appendix A: Pharmaceuticals

*The exam will focus on but may not be exclusively limited to the list below.*

- allergy/sinus medications
- analgesic medications
- anti-angina medications
- anti-anxiety medications
- antiasthmatic medications
- antibacterial medications
- anticancer medications
- anticoagulant medications
- antidementia medications
- antidepressants
- antidiabetic medications
- antidiarrheal medications
- antifungal medications
- antihyperlipidemic medications
- antihypertension medications
- antinausea medications
- anti-Parkinson medications
- antipsychotics
- antiseizure medications
- antiviral medications
- birth control medications
- cannabinoids
- central nervous system (CNS) stimulants/attention deficit medications
- cough medications
- dermatological medications
- drugs of abuse
- fertility medications
- gastrointestinal medications
- hormonal replacement therapy
- immune modulators/biologics
- mood stabilizer medications
- non-steroidal anti-inflammatory drugs (NSAIDs)
- opioids
- osteoporosis medications
- sexual dysfunction medications
- sleep medications
- smoking cessation medications
- steroids
- stool softeners/laxatives
- thyroid medications
- weight management medications



## Appendix B: Nutrients and Supplements

*The exam will focus on but may not be exclusively limited to the list below.*

- amino acids (e.g., L-glutamine, L-lysine, choline)
- anabolic supplements (e.g., creatine)
- antioxidants (e.g., coenzyme Q10, selenium)
- bone/joint health (e.g., glucosamine sulfate, chondroitin sulfate)
- digestive support (e.g., enzymes, probiotics)
- energy support (e.g., ashwagandha, guarana)
- essential fatty acids (e.g., fish oils)
- herbal supplements (e.g., saw palmetto, valerian, turmeric)
- homeopathic remedies (e.g., arnica, nux vomica)
- hormonal support (e.g., melatonin, wild yam, DHEA)
- minerals (e.g., calcium, magnesium, potassium)
- mood support (e.g., St. John's Wort, SAMe, 5-HTP)
- sexual function support (e.g., yohimbe)
- vitamins (e.g., A, B1-B12, C, D, E, K)



## Appendix C: Medical Conditions

*The exam will focus on but may not be exclusively limited to the conditions below.*

### Cardiovascular conditions

- Aneurysm
- Angina pectoris
- Arrhythmia (e.g., atrial fibrillation, premature ventricular contraction, tachycardia)
- Atherosclerosis (e.g., coronary artery disease, peripheral vascular disease)
- Blood pressure disorders (hypertension and hypotension)
- Congestive heart failure
- Deep vein thrombosis
- Myocardial infarction
- Raynaud's phenomenon

### Dermatological conditions

- Burns
- Contagious skin conditions (e.g., lice, fungal infections, scabies)
- Noncontagious skin conditions (e.g., cellulitis, acne, eczema, alopecia)

### Endocrine and Metabolic conditions

- Adrenal disorders (e.g., Cushing's, Addison's)
- Diabetes Type I
- Hyperlipidemia
- Metabolic syndrome/insulin resistance (e.g., Diabetes Type 2)
- Parathyroid disorders
- Pituitary disorders
- Thyroid disorders (e.g., Hashimoto's thyroiditis, Graves' disease)

### Gastrointestinal conditions

- Appendicitis
- Cirrhosis
- Diverticular disease (e.g., diverticulosis, diverticulitis)
- Food sensitivity/allergies (e.g., celiac disease, lactose intolerance)
- Gallbladder conditions (e.g., cholelithiasis, cholecystitis)
- Gastritis
- Gastroesophageal reflux disease (GERD)



### Gastrointestinal conditions (cont.)

- Hemorrhoids
- Hepatitis
- Inflammatory bowel disease (e.g., Crohn’s disease, ulcerative colitis)
- Irritable bowel syndrome (IBS)
- Pancreatitis
- Peptic ulcer (e.g., H. pylori, Campylobacter)

### Hematological conditions

- Bleeding and coagulation disorders
- Disorders of platelets (e.g., thrombocytopenia)
- Disorders of red blood cells (e.g., anemia, polycythemia)
- Disorders of white blood cells (e.g., neutropenia)
- Hemochromatosis

### Infectious diseases

- Bacterial infections (e.g., staph, strep, MRSA, impetigo)
- Foodborne illness
- Lyme Disease
- Parasitic infections
- Sexually transmitted infections
- Tuberculosis
- Viral infections (e.g., measles, mumps, influenza)

### Mental and Behavioral conditions

- Addictions
- Anxiety disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism spectrum
- Eating disorders (e.g., anorexia nervosa, bulimia nervosa)
- Mood disorders (e.g., depression, bipolar disorder)
- Post-traumatic stress disorder (PTSD)
- Suicidality



### Musculoskeletal conditions

- Acute traumatic injuries
- Affecting lower extremities (e.g., meniscal injuries)
- Affecting the axial structures (e.g., disc herniation, TMJD)
- Affecting upper extremities (e.g., frozen shoulder)
- Bone density disorders
- Osteoarthritis

### Neurological conditions

- Bell's palsy
- Concussion and traumatic brain injury (TBI)
- Dementia (e.g., Alzheimer's disease)
- Epilepsy
- Headache (e.g., cluster, tension, migraine)
- Multiple sclerosis (MS)
- Parkinson's disease
- Peripheral neuropathy
- Post-herpetic neuralgia
- Radiculopathies (e.g., sciatica)

### Neurological conditions (cont.)

- Stroke
- Transient ischemic attack (TIA)
- Trigeminal neuralgia
- Vertigo

### Oncological conditions

- Cancer (e.g., organs, blood, bone, skin)
- Side effects secondary to cancer treatment (e.g., nausea, pain)

### Ophthalmic and Ear, Nose and Throat conditions

- Conditions of the eye (e.g., macular degeneration, conjunctivitis)
- Conditions of the ear (e.g., otitis media, tinnitus)
- Conditions of the nose and throat (e.g., strep throat, sinusitis, allergic rhinitis)



### Pulmonary conditions

- Asthma
- Respiratory tract infections (e.g., bronchitis, pneumonia)
- Pneumothorax
- Chronic obstructive pulmonary disease (COPD)

### Reproductive conditions

- Menstrual and uterine disorders (e.g., dysmenorrhea, endometriosis, fibroids)
- Female infertility [e.g., polycystic ovarian syndrome (PCOS)]
- Menopausal disorders
- Pregnancy (normal and with complications)
- Perinatal support (e.g., labor preparation, postpartum)
- Breast conditions (e.g., lumps, mastitis)
- Male infertility and erectile dysfunction (ED)
- Prostate conditions [e.g., benign prostatic hyperplasia (BPH), prostatitis]

### Urinary/Renal conditions

- Kidney stones
- Infections (e.g., UTI, cystitis, pyelonephritis)
- Incontinence
- Dysuria (e.g., painful urination, retention)

### Miscellaneous

- Multi-system conditions (e.g., chronic fatigue, fibromyalgia, temporal arteritis)
- Autoimmune disorders [e.g., systemic lupus erythematosus (SLE), rheumatoid arthritis (RA)]
- Sleep disorders (e.g., narcolepsy, sleep apnea, insomnia)



## The Acupuncture with Point Location Content Outline

(Effective as of January 1, 2020)

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.

**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 (15% of Exam)

- A. Professional practice
  - 1. Describe risks and benefits of acupuncture treatment and adjunctive therapies (e.g., ear seeds, moxibustion, exercises)
- B. Acupuncture-related adverse events
  - 1. Recognize and manage adverse events (e.g., burns, pneumothorax, hemorrhage, needle shock, stuck needle)
  - 2. Recognize risk factors for individual patients (e.g., blood thinners, diabetes)
- C. Infection control
  - 1. Apply infection control procedures to acupuncture practice (e.g., bloodborne pathogens, Universal Precautions, CDC and OSHA Guidelines)
  - 2. Practice according to Clean Needle Technique (CNT) standards and procedures
- D. Case management
  - 1. Patient education and communication
    - a. Communicate diagnosis, treatment plan, and prognosis using patient-appropriate language



- b. Communicate/collaborate with patient to set treatment goals and expectations
2. Follow-up care
  - a. Refer and/or discharge patient as appropriate
  - b. Communicate and collaborate with other health care providers to identify the most effective treatment for patient (e.g., evidence-informed practice, applying integrative patient care)

## Domain II: Treatment Plan (50% of Exam)

- A. Strategies and treatment methods
  1. Determine strategies and treatment methods
  2. Determine modifications based on special populations (e.g., pediatrics, geriatrics, pregnancy, special needs)
- B. Acupuncture treatment strategies according to diagnosis
  1. Perform point selection based on differentiation/symptoms, functions and indications
  2. Select points according to traditional Chinese medicine concepts
    - a. Channel Theory
    - b. Five Elements Theory
    - c. Point Categories
      - i. Five Transporting (*Shu*)/Antique points (e.g., *Jing-Well*, *Ying-Spring*, *Shu-Stream*, *Jing-River*, *He-Sea*)
      - ii. Extra points (**Refer to Appendix of Extra Points**)
      - iii. Eight Influential points
      - iv. Eight Confluent points
      - v. Four Seas points
      - vi. Front-*Mu* (Alarm) points, Back-*Shu* (Associated) points



- and their combination(s) (e.g., excess/deficient, systemic imbalances)
- vii. Source (*Yuan*) and Connecting (*Luo*) points
- viii. Tonification and/or Sedation points
- ix. Five Elements
- x. Xi-Cleft points
- d. Root and Branch Theory
- e. Organ Theory (*Zang Fu*)
- f. Eight Principles
- g. Point Combinations (e.g., Four Gates, Mother/Son, Entry/Exit)
- h. Tender points (*Ashi*)
- i. Chinese organ clock
- 3. Select points according to other acupuncture concepts
  - a. Auriculotherapy
  - b. Local, adjacent, distal
  - c. Mirroring (e.g., elbow-for-knee, right-for-left, front-for-back)
  - d. Scalp acupuncture
- 4. Select points according to biomedical concepts
  - a. Trigger points
  - b. Motor points
  - c. Myofascial treatments
  - d. Effects on blood flow, neurohormonal regulation, and brain connectivity
- C. Cautions and contraindications
  - 1. Identify cautions and contraindications (e.g., pregnancy, organ damage, inflamed or non-intact skin)
- D. Treatment plan modifications
  - 1. Re-evaluate and modify treatment plan based on response



## Domain III: Treatment Techniques (20% of Exam)

### A. Acupuncture

1. Determine position of patient for treatment
2. Select needles to achieve desired treatment goals (e.g., length, gauge, filiform or other types of needles)
3. Needling technique
  - a. Apply insertion techniques (e.g., angle, depth, stretching skin)
  - b. Apply needle manipulation (e.g., arrival of Qi, reinforcing, reducing, lifting and thrusting)
  - c. Determine needle retention time
  - d. Apply needle removal techniques (e.g., order, speed, pressure)
  - e. Adjust technique based on patient presentation (e.g., stimulation method, intensity, needle retention time)

### B. Moxibustion

1. Identify functions, indications, and contraindications
2. Determine and apply techniques (e.g., direct, indirect, warming needle)

### C. Adjunctive therapies

1. Identify functions, indications, contraindications, and application
2. Determine and apply techniques during treatment
  - a. Bleeding
  - b. Cupping
  - c. Ear seeds, balls, magnets
  - d. Electroacupuncture
  - e. Gua Sha
  - f. Heat



D. Asian bodywork therapy

1. Recognize appropriate application of Asian bodywork therapy (e.g., Tui Na, Shiatsu, acupressure)

**Domain IV: Acupuncture Point Location (15% of Exam)**

A. Acupuncture point location methods

1. Identify points on images
2. Identify points according to cun measurement and anatomical landmarks



## Appendix: Extra Points

*The exam will focus on but may not be exclusively limited to the list below.*

Anmian	Luozhen
Bafeng	Pigen
Baichongwo	Shiqizhuixue/Shiqizhuixia
Bailao	Sifeng
Baxie	Sishencong
Bitong	Taiyang
Dannangxue	Weiguanxiashu
Dingchuan	Xiyan/Neixiyan
Erbai	Yaotongxue
Erjian	Yaoyan
Heding	Yintang
Huatuojiayi	Yuyao
Jianqian/Jianneiling	Zigongxu
Lanweixue	



## Bibliographies

The [Content Outlines \(opens in new tab\)](#) 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 Committees (EDCs) 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.



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## Websites

*Federal regulations will take precedence over information found in other references. All links provided below opens in a new tab.*

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/>

Infectious Disease  
Infection Control  
First Aid  
NIOSH

Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/>

Charting and Coding

Medline Plus

<https://medlineplus.gov/>

Drugs, Herbs and Supplements

National Center for Complementary and Integrative Health (NCCIH)

<https://nccih.nih.gov/>

Herbs at a Glance  
Health Topics A-Z

Occupational Safety and Health Administration (OSHA)

<https://www.osha.gov/>

Universal Precautions  
Office Policies and Procedures

U.S. Department of Health & Human Services (HHS) <https://www.hhs.gov/>

Medical Records  
Laws and Regulations  
HIPAA

U.S. Department of Health & Human Services (HHS)

National Institutes of Health, Office of Dietary Supplements

<https://ods.od.nih.gov/factsheets/list-all/>

Dietary Supplement Fact Sheets

World Health Organization (WHO)

<https://www.who.int/>

ICD Coding



## Acupuncture with Point Location Bibliography

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## Examination Nomenclature Cross-Reference

Historically, the translation of Traditional Chinese Medicine terminology into the English language has led to the use of different English terms for some TCM concepts. The following list is intended to provide the most commonly used terms from the most often studied references, as cited below. **It 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.

### 1. Theory

*Qi*: Vital Energy / *Chi* / *Ki*

*Wu Xing*: Five Elements / Five Phases

*Sheng Cycle*: Generating / Promoting / Interpromoting / Engendering / Mutual Production

*Ke Cycle*: Controlling / Acting / Interacting / Restraining / Mutual Checking / Mutual Control / *Ko*

*Cheng Cycle*: Overacting / excessive Acting

*Wu Cycle*: Counteracting / Insulting

### 2. Physiology

*Yuan Qi*: Original / Primary Qi

*Zong Qi*: Pectoral / Gathering / Ancestral Qi / Qi of the Chest

*Zhen Qi*: True / Normal / Original / Vital Qi

*Ying Qi*: Nutrient / Nutritive / Construction Qi

*Wei Qi*: Defensive / Protective / Defense Qi

*Zhong Qi*: Middle / Central Qi

*Zheng Qi*: Antipathogenic / Righteous / Upright Qi

*Xie Qi*: Pathogenic / Evil Qi

*Qing Qi*: Clear Qi

*Da Qi*: Great Qi / Qi of the environment / Air

*Gu Qi*: Food / Grain Qi

*Jing*: Essence

*Xue*: Blood

*Jin Ye*: Body Fluids / Fluids / *Jing Ye*

*Jin*: liquid / thinner fluids (clear, light, thin-watery)

*Ye*: humor / thicker fluids (turbid, heavy, dense)

*Zang Fu*: organs

*Zang*: viscera / Yin organs



*Fu*: bowels / Yang organs  
*San Jiao*: Triple Burner / Triple Warmer / Triple Energizer  
*Shen*: Spirit / Mind

### 3. Pathology and Diagnosis

*Xu*: deficient / deficiency / vacuous / vacuity / empty  
*Shi*: excess / repletion / full  
*Zhong Qi Xia Xian*: Collapse of Central Qi / Qi Sinking / Center Qi Fall  
*Shui Zhong*: Water Swelling / Water Qi / Edema  
*Tan Yin*: Damp Phlegm / Phlegm Rheum / Phlegm-Fluid  
*Nei Yin*: internal causes, endogenous / internal pathogenic factors  
*Wai Yin*: external causes, exogenous / external pathogenic factors  
*Bu Nei Bu Wei Yin*: neither internal or external causes / miscellaneous factors

*She Tai*: tongue coating / tongue moss / tongue fur  
*Hua Tai*: glossy / watery  
*Jing Mian She*: peeled / mirror / mirror-like, no coating  
*Ni Tai*: greasy / sticky / slimy  
*She Ti*: tongue body / tongue proper  
*She Pang Da*: swollen / flabby / enlarged  
*Shi Bian Chi Hen*: tooth marks / teeth marks / scalloped / dental impressions on the margins of the tongue

Pulse locations:

*Cun*: Distal / Inch / *Tsun*  
*Guan*: Middle / Gate / Bar / *Kuan*  
*Chi*: Proximal / Cubit / Foot / *Chih*  
*Bing Mai*: abnormal pulses / 28 pulse qualities  
*Fu Mai*: hidden  
*Chen Mai*: deep / sunken / sinking  
*Chi Mai*: slow  
*Shuo Mai*: rapid / *Shu Mai*  
*Hong Mai*: flooding / tidal / surging  
*Wei Mai*: minute / faint / indistinct  
*Xi Mai*: thin / thready / fine (synonymous with *Xiao Mai* / small pulse)  
*San Mai*: scattered / dissipated  
*Xu Mai*: weak / empty / vacuous / deficiency  
*Shi Mai*: full / excess / replete  
*Hua Mai*: slippery / rolling  
*Se Mai*: choppy / rough / hesitant  
*Chang Mai*: long  
*Duan Mai*: short



*Xian Mai*: wiry / string-like / bowstring / stringy / string-taut / taut / *Xuan Mai*

*Kou Mai*: hollow / scallion-stalk (onion, leek)

*Jin Mai*: tight / tense

*Huan Mai*: moderate / leisurely

*Ge Mai*: leather / drum-skin / tympanic

*Lao Mai*: confined / firm / sunken-full / fixed / prison

*Ruo Mai*: weak / feeble / frail

*Ru Mai*: soggy / soft

*Fu Mai*: floating / superficial

*Dong Mai*: moving / spinning bean / stirred

*Ji Mai*: swift / racing

*Cu Mai*: hurried / abrupt / skipping / rapid / irregular

*Jie Mai*: knotted / bound / slow and irregular

*Dai Mai*: intermittent / regularly intermittent / regularly Interrupted / regularly irregular

#### 4. Technique

*Bu*: supplement / tonify / boost

*Xie*: reduce / drain / sedate / disperse

#### 5. Channels and Points

*Jing Luo*: channels & network vessels

*Jing Mai*: channel / meridian

*Shi Er Jing Mai*: 12 primary channels / regular channels / meridians

*Luo Mai*: connecting channels / collaterals / network vessels,

*Bie Luo*: 15 divergent network vessels / channel divergences

*Jin Mai*: tendinomuscular meridians / muscle or sinew channels

*Ba Mai*: 8 Extra Meridians / 8 Vessels / Extraordinary Vessels / Ancestral Vessels

*Ren Mai*: Conception Vessel / CV / Directing / *Ren Mo*

*Du Mai*: Governing Vessel / GV / Governor / *Du Mo*

*Chong Mai*: Penetrating Vessel / Thoroughfare

*Dai Mai*: Girdle Vessel / Belt / Girdling / *Tai Mo*

*Qiao*: Heel Vessel / Stepping / Motility / *Chiao*

*Wei*: Linking Vessel

*Ba Mai Jiao Hui Xue*: confluent points / confluence points / master points of the 8 vessels / opening points of the 8 extra meridians

*Jiao Hui Xue*: intersection points

*Cun*: inch / body inch / A. C. I. (anatomical Chinese inch) / *Tsun*

*Luo* point: connecting / junction point / *Lo*

*Yuan* point: source / primary point

*Xi* point: cleft / accumulation point



Wu Shu points = 5 transport / transporting / antique / command points

*Jing*: well

*Ying*: spring / brook / gushing

*Shu*: stream / transporting

*Jing*: river / traversing

*He*: sea / uniting

*Shu* points: Back-Shu / Back transporting / A.E.P. (Associated Effect Point) / *Yu*

*Mu* points: Front-Mu / front collecting / alarm point

Mother point: reinforcing / tonification point

Child point: son / reducing / sedation / dispersing / draining point

*Jiao Hui Xue*: coalescent / crossing / intersection points

*Ba Hui Xue*: 8 meeting points / 8 influential points

*Zi Wu Liu Zhu*: horary cycle / Chinese clock / organ clock / midday-midnight cycle / stem and branches point selection

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5. Wiseman, Nigel, and Feng Ye. *A Practical Dictionary of Chinese Medicine*. Brookline, MA: Paradigm Publications, 1998.



## 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 candidates will receive on the examination, nor do they reflect the percentage of items candidates will receive in each content area. These sample questions merely reflect the possible format and variety of items, which may assist candidates in preparing for the NCCAOM exams. Performance on the sample questions is not an indicator of performance on the NCCAOM exams.

The answers to the sample questions appear at the bottom of the page containing the sample questions for the Acupuncture with Point Location section.



## 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 patient 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 patient 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 parent reports that their active eight-year-old child has been fussy, thirsty, and tired for the past 24 hours. The parent also states that the child complains of a headache and constipation. The child's 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 patient fell and hit their head six hours before their appointment. The patient 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 the patient and recommend that they consult their physician
- (B) treat the patient and retain them in the office for observation
- (C) do not treat the patient, but refer them to a neurologist within 72 hours
- (D) do not treat the patient, but refer them 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

### Answers:

FOM-1 = B	BIO-1 = A	ACPL-1 = D
FOM-2 = C	BIO-2 = B	ACPL-2 = A
FOM-3 = D	BIO-3 = D	ACPL-3 = B



## Frequently Asked Questions

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

The NCCAOM, a national certification organization, has compiled the following questions and answers to assist candidates and school representatives in understanding its 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?*

At this time, the NCCAOM exams are only offered in English. The NCCAOM has canceled the administration of the 2022 Chinese and Korean language exams due to the low number of candidates interested in taking these exams, which affects the psychometric reliability of the exams. Due to the complexity of the foreign language examinations, they are scheduled only when an ascertained number of candidates are registered per examination. When these exams are offered, they are computer-based, fixed form (linear) that consist of 100 multiple-choice questions.

##### *2. What is the format of the exam?*

The exams are offered in adaptive format which allows the NCCAOM to provide year-round testing and *preliminary* exam results are generated at the test center. Computer adaptive testing has long been used by other healthcare testing organizations and has been proven to be an efficient and reliable testing method.

In a computer adaptive exam, questions are selected for candidates according to the assigned domain percentages indicated from the [exam content outline \(opens in new tab\)](#). 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 computer adaptive testing such as 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, computer 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.

### ***3. How do I prepare for an exam?***

The NCCAOM provides a comprehensive [NCCAOM® Candidate Preparation Handbook \(opens in new tab\)](#) for each certification program. Each Handbook 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® Examination: Frequently Asked Questions and Answers document. The Handbooks are free to download from the [Exam Preparation Center \(opens in new tab\)](#) section of the NCCAOM website. Individual exam content outlines can be downloaded directly (free) 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 \(opens in new tab\)](#).

### ***5. For the Acupuncture with Point Location exam, are the acupuncture point number and pinyin provided?***

Yes. The acupuncture point number and pinyin are provided for the points [e.g., CV (Ren) 6 (Qihai), Erbai (Extra), etc.].



***6. Does the NCCAOM publish a list of single herbs and herbal formulas that will be tested on the Chinese Herbology exam?***

Yes. A list of single herbs and herbal formulas are included with the Chinese Herbology (CH) content outline. Based on the results of the 2017 Job Analysis, the list of single herbs has been implemented as of January 2020. Content outlines can be accessed from the [Exam Preparation Center \(opens in new tab\)](#) section of the NCCAOM website.

***7. What is covered in the Foundations of Oriental Medicine exam compared to the Acupuncture with Point Location exam?***

Please refer to the [NCCAOM® Candidate Preparation Handbook \(opens in new tab\)](#) or the [content outlines \(opens in new tab\)](#), which can be accessed through the NCCAOM website under the [Exam Preparation Center \(opens in new tab\)](#) section. Each NCCAOM certification program has an *NCCAOM® Candidate Preparation Handbook* which contains all available examination preparation materials in one document along with the related content outlines.

Content outlines are available for each exam module in English, Chinese, and Korean.

***8. Are there plans to combine any other exams or make changes with any of the exams?***

No, there are no immediate plans. As determined by the 2017 Job Analysis, the [content outlines \(opens in new tab\)](#) are currently posted on the NCCAOM website and are effective as of January 1, 2020. The current content outlines are effective until the next Job Analysis. The Foundations of Oriental Medicine, Biomedicine, Acupuncture with Point Location, and Chinese Herbology exams are administered in English in the adaptive format.

***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 notification by email that an authorization to test (ATT) letter is in their online account located in the ready to print. It is imperative that the candidate keep their physical address, email address, and name changes current with the NCCAOM. The ATT letter is especially 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 via telephone or online.

**Note:** Any questions regarding a candidate's ATT letter or whether a candidate is an Approved Candidate, please email [info@thenccaom.org](mailto:info@thenccaom.org).

### *9. When can I schedule an exam? Are there exam registration deadlines?*

Candidates must allow 1 - 2 weeks, from the date their transcript and Clean Needle Technique (CNT) Certificate of Completion are received, for processing of their application, and for approval to take an exam. It is also important to remember that candidates must take and pass all required exams within four (4) years from the date that the NCCAOM processed their application payment.

Candidates taking an NCCAOM exam can schedule at any time. Open registration means that once candidates are approved to test [receive an ATT letter via their online account located in the NCCAOM portal], they can register and schedule their exam for any available time at their desired Pearson VUE test center. Candidates can register to take their exams at their convenience.

Candidates who are unsuccessful in passing an exam 1 - 4 times 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. For information concerning additional attempts view the "[Re-taking an Examination \(opens in new tab\)](#)" on the *When Taking Board Exams page* from the NCCAOM website.

### *10. How do I schedule an exam?*

Candidates can schedule an 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 \(opens in new tab\)](#). 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. Due to the constant changing of events regarding COVID-19, please check the [Pearson VUE website \(opens in new tab\)](#) for the latest update.



## ***Taking the Exam***

***11. Is it true that the computer 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 on the computer screen is a legal agreement that says the candidate will treat everything seen on the exam with the utmost and absolute confidentiality. **The candidate will have 5 minutes to review the Non-Disclosure Agreement (NDA) and select “I agree” to begin the exam.** To ensure that candidates 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 the candidate does not accept this NDA presented on-screen within the allotted 5 minutes, the exam will terminate, and the candidate will be locked out of the computer.** In addition, the candidate will not be allowed to continue with the exam and **fees for that exam will not be refunded.** According to Pearson VUE rules, candidates may not begin writing on the note board until the test has begun. **Therefore, candidates should not use their note boards until after they have agreed to the NDA.** If the exam terminates because the candidate was writing on their note board during the NDA, Pearson VUE will not be able to start the exam again, the candidate will forfeit all the fees paid for the exam, and the candidate will have to reregister and pay full fees for the exam if they wish to take it again. For more information, please contact [info@thenccaom.org](mailto:info@thenccaom.org).

### ***Non-Disclosure Agreement (NDA) 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 canceled, 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.

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

Candidates must answer all the questions for the examination to be scored. Computer adaptive testing is offered year-round and **does not allow the test-taker to go back** to review a question once they have moved onto the next question. See the answer to Question #2 for additional information.

***13. What happens if there are computer technical difficulties or a power outage at the test center?***

On rare occasions, technical difficulties at the test center may be encountered. If the test center experiences an unexpected, temporary power outage during an administration, back-up systems are in place, so every reasonable effort will be made to retrieve testing data. The candidate’s examination will restart from the point where it was interrupted, and the candidate continues the examination. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a testing center, all scheduled candidates will receive notification by e-mail or telephone regarding rescheduling.

***14. I have a concern with one of the questions on the exam, what is the procedure to have this question reviewed?***

Candidates may submit questions or comments about specific aspects of the exam content in writing to NCCAOM ([examcontent@thenccaom.org](mailto:examcontent@thenccaom.org)) within 30 days of taking the exam as indicated in the [Examination Content Review Process \(opens in new tab\)](#)



section of the NCCAOM website and in the [NCCAOM® Certification Handbook \(opens in new tab\)](#). Only individual items will be reviewed, and reviews are not conducted on a candidate's entire exam. The written inquiry must include the candidate's name, NCCAOM ID, email address, test date and location, examination taken (FOM, ACPL, BIO, CH) and a description of the specific item (e.g., an item with a pregnant patient could have more than one correct answer). Failing an examination alone is not sufficient grounds to submit a request. At the test center, candidates can also file an incident report regarding exam content concerns with the test proctor while the item is still fresh in their mind. The test proctor is only allowed to record the question (item) number as they are not allowed to record any exam content specifics or description of the exam items. Be sure to obtain a copy of the incident report number.

The request will first be reviewed by the NCCAOM Testing Department to determine if question or comment is to be presented to the NCCAOM® Examination Review Committee for a final determination. Please note that submission of a request does not automatically lead to a rescoring of the exam or Committee review. If the question under review is found to have a discrepancy, the candidate's examination will be rescored. The candidate will be notified in writing within 45 business days of any resulting action of the inquiry. All determinations of the NCCAOM® Examination Review Committee are final.

Please note that no information regarding the specific question will be discussed with candidates, including whether a candidate's answers were correct or incorrect. The NCCAOM never releases copies of examinations or individual examination 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 imperative the candidate refrain from discussing the content of the examination question with anyone other than the NCCAOM Testing Department. Doing so is a violation of the *NCCAOM® Non-Disclosure Agreement*.** 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.

***15. There were several questions on my exam that were not taught at my school, can you explain?***

Please remember that the NCCAOM offers **national** certification examinations. NCCAOM conducts a Job Analysis (JA) every five to seven years to validate and ensure that our certification examinations are reflective of current practice in all regions of the United States and not just one geographical region. NCCAOM exams are derived from the JA survey and do not match school curriculum as that is not the job of a national certification exam. It measures competency of current practice and not what schools are teaching. It would be very difficult to match the curriculum of 60 plus schools. For more information, please read an article from [Acupuncture Today \(opens in new tab\)](#).

***Exam Attempts***

***16. I was unsuccessful in passing the exam, when can I retake the exam?***

Candidates who were unsuccessful in passing an exam 1 - 4 times must wait 45 calendar days from their previous attempt before they can take it again. The NCCAOM recommends that candidates give themselves sufficient time to prepare to retake the exam that they were unsuccessful in passing. NCCAOM has changed the number of exam attempts, for additional information view "[Re-taking an Examination \(opens in new tab\)](#)" on the *When Taking Board Exams* page from the NCCAOM website.

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

Candidates have five (5) opportunities to successfully pass an examination once their graduate transcript and Clean Needle Technique (CNT) Certificate of Completion are received at NCCAOM. After the fifth unsuccessful attempt to pass an NCCAOM examination (all formats and/or languages inclusive), the candidate must satisfy additional educational requirements based on multiple factors like certification application validity, etc. to receive additional exam attempts. For additional information refer to "[Re-taking an Examination \(opens in new tab\)](#)" on the *When Taking Board Exams* page on the NCCAOM website. NCCAOM has initiated a new attempt policy after the fifth unsuccessful attempt. Please email [examattempts@thenccaom.org](mailto:examattempts@thenccaom.org) for further information.



## ***Exam Scoring and Results***

### ***18. How many questions must be answered correctly to pass an exam?***

There is **NO predetermined** number of questions that must be answered correctly 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 \(PDF\)](#), and [Equating and Scaling: Assuring the Highest Level of Fairness for Examination Programs \(PDF\)](#), accessible on the “Examination Results” section from the [Examination Process \(opens in new tab\)](#) page on the NCCAOM website.

### ***19. 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. For additional information, read [General Considerations for Setting a Passing Standard \(PDF\)](#), and [Equating and Scaling: Assuring the Highest Level of Fairness for Examination Programs \(PDF\)](#), accessible on the “Examination Results” section from the [Examination Process \(opens in new tab\)](#) page on the NCCAOM website.

The 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.

### ***20. When will I receive my exam results?***

Immediately after completing an adaptive format exam at a Pearson VUE test center, candidates receive **preliminary** notification on-screen regarding whether they passed or failed the exam. As stated, 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.



### *21. What areas do I need to focus on for the next exam when I was unsuccessful in passing?*

The NCCAOM recommends that candidates use the scaled scores in the Examination Content Area Diagnostic Report in their 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 the candidate can generalize performance to a strength or weakness in a content area. Regardless of the content area scaled scores, the NCCAOM suggests that the candidate study the entire [NCCAOM Content Outlines \(opens in new tab\)](#) in preparation for their next exam, which are free to download from 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 was unsuccessful in passing to seek guidance on how to prepare for the exam. Speak with a school program director, a faculty member, or a mentor, or research reputable test preparation services or publications that can provide assistance. The NCCAOM® *Candidate Preparation Handbook*, which contain the Content Outlines and a bibliography of study references, are valuable resources and can be downloaded for free from the NCCAOM website under the [Exam Preparation Center \(opens in new tab\)](#) section.

### *22. I was unsuccessful in passing the exam; how do I request verification of my exam results and overall scaled score?*

Candidates may request that their exam score be verified within 30 days of receiving initial notification that a candidate was unsuccessful in passing the exam. The score verification process is simply a manual check of the computer's scoring, conducted by NCCAOM Testing staff, to ensure that the candidate's responses were accurately recorded. **Score verification does not include a review of examination content or reconsideration of the correct answer to any item. Individual items and exam content will not be discussed or considered during the score verification process.** To request a score verification, the candidate should complete and submit the [NCCAOM® Score Verification Request form \(opens in new tab\)](#). An invoice will be issued on the candidate's online account located in the NCCAOM portal for payment. There is a \$125 exam score verification fee per exam.



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.

### *23. The average of my content area scaled scores was 70 (or higher), why did I receive an unsuccessful status?*

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

For additional information, read [General Considerations for Setting a Passing Standard \(PDF\)](#), and [Equating and Scaling: Assuring the Highest Level of Fairness for Examination Programs \(PDF\)](#), accessible on the "Examination Results" section from the [Examination Process \(opens in new tab\)](#) page on the NCCAOM website.

### *24. 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 were unsuccessful in passing the exam, understand the strengths and weaknesses of their performance and to help focus study efforts.

### *25. How many candidates pass the exams on their first attempt?*

Please refer to the chart below for 2017-2021 exam pass rates for first-time takers from Certification Route 1: Formal Education: United States Applicants.



Exam Module	2017	2018	2019	2020*	2021
Acupuncture with Point Location	79.4	77.8	75.9	74.2	70.6
Biomedicine	74.5	75.5	75.8	72.3	73.2
Chinese Herbology	83.9	78.4	72.2	63.0	69.5
Foundations of Oriental Medicine	79.1	78.6	79.2	95.4	96.1

\*Implementation of new content outlines in 2020

## ***Obtaining Certification***

### ***26. I passed all the required exams. Does this mean I am now certified?***

Passing all required NCCAOM exams does not automatically result in certification. Candidates are certified and become a Diplomate of NCCAOM, after all required documents are accepted. Then their name appears on the [NCCAOM Registry \(opens in new tab\)](#). See the [NCCAOM® Certification Handbook \(opens in new tab\)](#) for information about the documents required to become certified.

Diplomates may represent or advertise their NCCAOM certification to employers, insurance companies and the public by directing them to the [NCCAOM Registry \(opens in new tab\)](#). Certified active Diplomates will receive the official NCCAOM congratulatory letter, the wallet-size identification card, and a wall certificate suitable for framing approximately six (6) weeks after certification (active Diplomate status) is achieved. USPS maintains tracking information for only 90 days. Candidates who have not received their certificate and ID card at ten (10) weeks after certification, please email the NCCAOM at [info@thenccaom.org](mailto:info@thenccaom.org)

It is the candidate's responsibility to submit a request to the NCCAOM via their online account located in the NCCAOM portal for their results to be sent to any regulatory agencies.

### ***27. How long are my exam results valid?***

Continued Active Diplomate status through initial certification and continued recertification ensures that exam results do not expire.

A limit is placed on the number of years an exam result is valid for the purpose of NCCAOM certification. The NCCAOM grants up to 12 years for first time candidate exam validity.



**Status:**

Diplomate - Certified, Active

Former Diplomate - Inactive

Former Diplomate - Lapsed

Former Diplomate - Terminated

Candidate - Application in Process

Candidate - Reapply Application in Process

Candidate - Application Expired

**Exam Score Validity for Achieving Initial Certification:**

No expiration date

No expiration date [for up to 2 years]

3 years from active certification expiration date

All exam results expired

12 years from exam date

12 years from exam date

12 years from exam date

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