

2022
NCCAOM® Candidate Preparation Handbook
for
Oriental Medicine (OM) Certification



All NCCAOM certification programs are accredited by the NCCA®

NCCAOM®
2001 K Street NW, 3rd Floor North
Washington DC 20006
(202) 381-1140 (Phone) • (202) 381-1141 (Fax)



Table of Contents

NCCAOM® Mission, Vision, and Core Values.....	4
About NCCAOM®	5
NCCAOM® Code of Ethics.....	6
NCCAOM® Diversity, Equity and Inclusion (DEI) Statement	6
Benefits of NCCAOM® Certification	6
Introduction.....	7
Exam Development	8
Standards	8
Job Analysis	8
Item Writing.....	9
Item Review	9
Exam Administration	10
Exam Day – Be Prepared!	10
Inclement Weather, Power Failure or Emergency	11
Confidentiality – IMPORTANT!.....	11
Exam Format	14
Exam Scoring	14
Exam Results Notification	15
Score Verification.....	15
Exam Content Review	16
Retaking an Exam	17
45 Day Wait Rule.....	17
Exam Attempts.....	17
2022 Content Outlines	18
The Foundations of Oriental Medicine Content Outline	18
The Biomedicine Content Outline.....	25
Appendix A: Pharmaceuticals	31
Appendix B: Nutrients and Supplements	32
Appendix C: Medical Conditions.....	33
The Acupuncture with Point Location Content Outline.....	37



Appendix: Extra Points.....	42
The Chinese Herbology Content Outline.....	43
Appendix A: Chinese Individual Herbs.....	47
Appendix B: Chinese Herbal Formulas	53
Bibliographies	60
Foundations of Oriental Medicine Bibliography.....	61
Biomedicine Bibliography	62
Acupuncture with Point Location Bibliography	64
Chinese Herbology Bibliography	66
Examination Nomenclature Cross-Reference	68
Sample Questions	72
Foundations of Oriental Medicine.....	73
Biomedicine	74
Acupuncture with Point Location.....	75
Chinese Herbology.....	76
Frequently Asked Questions	77
<i>About the Exams</i>	77
1. Are the exams offered in other languages besides English?	77
2. What is the format of the exam?	77
3. How do I prepare for an exam?.....	78
4. Does the NCCAOM publish a list of commonly used terms that may appear on the exam? .	78
5. For the Acupuncture with Point Location exam, are the acupuncture point number and pinyin provided?	78
6. Does the NCCAOM publish a list of single herbs and herbal formulas that will be tested on the Chinese Herbology exam?	79
7. What is covered in the Foundations of Oriental Medicine exam compared to the Acupuncture with Point Location exam?	79
8. Are there plans to combine any other exams or make changes with any of the exams?	79
<i>Approved Candidates Scheduling an Exam</i>	79
9. When can I schedule an exam? Are there exam registration deadlines?.....	80
10. How do I schedule an exam?	80
<i>Taking the Exam</i>	81
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?.....	81



12. Do all the questions have to be answered on the exam or can some answers be blank? 82

13. What happens if there are computer technical difficulties or a power outage at the test center? 82

14. I have a concern with one of the questions on the exam, what is the procedure to have this question reviewed? 82

15. There were several questions on my exam that were not taught at my school, can you explain? 84

Exam Attempts..... 84

16. I was unsuccessful in passing the exam, when can I retake the exam? 84

17. Is there a limit as to how many times an exam can be taken? 84

Exam Scoring and Results..... 85

18. How many questions must be answered correctly to pass an exam? 85

19. What is a scaled score? 85

20. When will I receive my exam results? 85

21. What areas do I need to focus on for the next exam when I was unsuccessful in passing?.. 86

22. I was unsuccessful in passing the exam; how do I request verification of my exam results and overall scaled score? 86

23. The average of my content area scaled scores was 70 (or higher), why did I receive an unsuccessful status? 87

24. I passed the exam. What was my score? 87

25. How many candidates pass the exams on their first attempt? 87

Obtaining Certification..... 88

26. I passed all the required exams. Does this mean I am now certified? 88

27. How long are my exam results valid? 88



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

Please note that candidates for NCCAOM® Certification in Oriental Medicine are applicants who have met all academic and/or training requirements and have qualified by one of the established eligibility routes published in the [NCCAOM® Certification Handbook \(opens in new tab\)](#), 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 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 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 Oriental Medicine 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 a well-designed and executed job analysis (JA) study. A JA study establishes the link between competencies assessed by the examination and what practitioners actually 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 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 Oriental Medicine. Each content outline describes the detailed competency/task statements and the distribution of test questions (items) across the various content areas of the exam, also known as Domains. Task statements provide 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® 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.

Candidates 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. 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.

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

In an adaptive exam, questions are selected for candidates according to the assigned domain percentages from the [exam content outline \(opens in new tab\)](#). 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 by clicking on the "Examination Results" link 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) 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 patient could have 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 concern. 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, 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 for further information.



2022 Content Outlines

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

The Foundations of Oriental Medicine 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) | • Five Elements (Wu Xing) |
| • Organs (Zang Fu) | • Qi, Blood, Body Fluids (Qi, Xue, Jin Ye) |
| • Meridian/Channel (Jing Luo) | • Triple Burner (San Jiao) |
| • Six Stages (Liu Jing) | |
| • Four Levels (Wei, Qi, Ying, Xue) | |



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
Huatuojiaji	Yuyao
Jianqian/Jianneiling	Zigongxu
Lanweixue	



The Chinese Herbology 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 Chinese Herbology examination.

Domain I: Safety and Quality of Chinese Herbs (10% of Exam)

- A. Safety of Chinese herbs and herbal formulas
 1. Cautions and contraindications of herbs and herbal formulas
 - a. Identify cautions and contraindications of herbs and herbal formulas (e.g., allergies, relevant to pattern/syndrome differentiation)
 2. Herb, supplement, and pharmaceutical interactions
 - a. Recognize potential herb, supplement, and pharmaceutical interactions
 - b. Apply strategies to avoid herb, supplement, and pharmaceutical interactions
 3. Potential adverse effects and toxicity
 - a. Identify potential toxicity of herbs and herbal formulas
 - b. Apply strategies to prevent toxicity of herbs and herbal formulas
 - c. Identify the effects of processing herbs on efficacy and toxicity
 - d. Identify combinations of herbs that are toxic or produce adverse effects (e.g., 18 Incompatibles [*Shi Ba Fan*], 19 Antagonisms [*Shi Jiu Wei*])
- B. Quality control of raw and prepared Chinese herbs and formulas
 1. Identify the quality of raw herbs based on appearance, smell, and taste
 2. Apply substitutions for raw and prepared herbs and formulas containing obsolete substances (e.g., endangered species), animal products, and allergens
 3. Select and prescribe raw and prepared herbs and formulas that adhere to current Good Manufacturing Practice standards (cGMP)



4. Store, dispense, and inventory raw and prepared herbs and formulas according to best practice and FDA requirements (e.g., temperature, moisture, expiration date)
5. Recognize signs of contamination of stored raw and prepared herbs and formulas

Domain II: Treatment Planning and Strategies (70% of Exam)

A. Chinese herbal recommendations based on assessment

1. Individual herbs (Refer to Appendix A: Chinese Individual Herbs)

a. Herbal properties

- i. Identify characteristics (tastes, temperature, directions, and channels entered) of individual herbs
- ii. Identify herbs according to their therapeutic categories

b. Functions and indications

- i. Identify the functions and indications of individual herbs
- ii. Identify the effects of processing (*Pao Zhi*) (e.g., honey-fried [*Mi Zhi*], dry-fried [*Chao*]) on the functions and indications of herbs
- iii. Apply/prescribe Chinese herbs for patients based on presenting signs and symptoms

c. Herbal pairing (*Dui Yao*)

- i. Identify the functions and indications of common herbal pairs
- ii. Apply/prescribe common herbal pairs for patients based on presenting signs and symptoms

d. Treatment strategy

- i. Use treatment strategies, principles, and methods of herbal medicine (e.g., tonify, harmonize, sweat) to choose herbs to achieve specific treatment strategies



2. Chinese herbal formulas (**Refer to Appendix B: Chinese Herbal Formulas**)
 - a. Ingredients
 - i. Identify the ingredients of herbal formulas
 - ii. Identify potential substitutions for individual ingredients in herbal formulas
 - iii. Apply strategies for combining individual herbs to create herbal formulas
 - iv. Identify the synergistic relationships of ingredients in herbal formulas
 - b. Herbal formula hierarchy
 - i. Identify and analyze the Hierarchy within herbal formulas (e.g., chief [*Jun*], deputy [*Chen*])
 - c. Functions and indications
 - i. Identify the functions and indications of herbal formulas
 - ii. Apply/prescribe herbal formulas based on patient assessment
 - d. Treatment strategy
 - i. Use treatment strategies, principles, and methods of herbal medicine (e.g., tonify, harmonize, sweat) to choose formulas to achieve specific treatment strategies
 - ii. Modify prescribed herbal formulas based on patient assessment (e.g., signs, symptoms, constitution)
- B. Preparation and administration of Chinese herbs and formulas
 1. Forms of administration (e.g., decoction, raw, pills, granules, topical)
 - a. Differentiate and apply herbs and formulas based on forms of administration
 - b. Demonstrate knowledge of techniques for external applications (e.g., plasters, poultices, soaks)



2. Specific decoction methods
 - a. Apply specific decoction methods to prepare herbs and herbal formulas (e.g., add near the end, pre-decoct, wrap in cheesecloth)
3. Dosage of herbs and formulas
 - a. Apply common dosages of herbs and formulas
 - b. Identify the effect of dosage on therapeutic effectiveness and toxicity
- C. Chinese dietary therapy
 1. Identify the characteristics, actions, and indications of foods based on Chinese medicine principles
 2. Recommend dietary therapy according to Chinese medicine principles

Domain III: Patient Management (20% of Exam)

- A. Patient assessment
 1. Evaluate the suitability of herbal treatment for the patient
 2. Assess whether patient is better served by another modality (e.g., biomedicine, acupuncture, psychotherapy)
- B. Patient education
 1. Advise patients of the benefits and expectations of herbal therapy
 2. Advise patients of the potential adverse effects and risks of herbal therapy
 3. Advise patients on the preparation and administration methods for herbs and formulas
- C. Treatment evaluation and modification
 1. Assess effectiveness of herbal therapy
 2. Monitor patient response to herbal therapy for adverse effects
 3. Monitor effects of herbal therapy when combined with pharmaceuticals and supplements
 4. Evaluate and modify treatment plans based on patient response to herbal therapy



Appendix A: Chinese Individual Herbs

Please Note: The exam will focus on, but may not be exclusively limited to, the individual herbs listed below. Individual herbs not on this list may still appear on the exam as distractors (incorrect answers). Candidates are also responsible for being familiar with all individual herbs that are mentioned in the content outline.

- Ai Ye (*Artemisiae Argyi Folium*)
- Ba Ji Tian (*Morindae officinalis Radix*)
- Bai Bu (*Stemonae Radix*)
- Bai Bian Dou (*Lablab Semen album*)
- Bai Dou Kou (*Amomi Fructus Rotundus*)
- Bai Guo (*Ginkgo Semen*)
- Bai He (*Lilii Bulbus*)
- Bai Hua She (*Agkistrodon/Bungarus*)
- Bai Hua She She Cao (*Oldenlandiae Herba*)
- Bai Ji (*Bletillae Rhizoma*)
- Bai Jiang Cao (*Patriniae Herba*)
- Bai Jie Zi (*Sinapis Semen*)
- Bai Mao Gen (*Imperatae Rhizoma*)
- Bai Qian (*Cynanchi stauntonii Rhizoma*)
- Bai Shao (*Paeoniae Radix alba*)
- Bai Tou Weng (*Pulsatillae Radix*)
- Bai Wei (*Cynanchi atrati Radix*)
- Bai Xian Pi (*Dictamni Cortex*)
- Bai Zhi (*Angelicae dahuricae Radix*)
- Bai Zhu (*Atractylodis macrocephalae Rhizoma*)
- Bai Zi Ren (*Platycladi Semen*)
- Ban Lan Gen (*Isatidis/Baphicacanthis Radix*)
- Ban Xia (*Pinelliae Rhizoma*)
- Bi Ba (*Piperis longi Fructus*)
- Bi Xie (*Dioscoreae hypoglaucae Rhizoma*)
- Bian Xu (*Polygoni avicularis Herba*)
- Bie Jia (*Trionycis Carapax*)
- Bo He (*Menthae haplocalycis Herba*)
- Bu Gu Zhi (*Psoraleae Fructus*)
- Cang Er Zi (*Xanthii Fructus*)
- Cang Zhu (*Atractylodis Rhizoma*)
- Cao Dou Kou (*Alpiniae katsumadai Semen*)
- Cao Guo (*Tsaoko Fructus*)
- Cao Wu (*Aconiti kusnezoffii Radix*)
- Ce Bai Ye (*Platycladi Cacumen*)
- Chai Hu (*Bupleuri Radix*)
- Chan Tui (*Cicadae Periostracum*)



- Che Qian Zi (Plantaginis Semen)
- Chen Pi (Citri reticulatae Pericarpium)
- Chen Xiang (Aquilariae Lignum resinatum)
- Chi Shao (Paeoniae Radix rubra)
- Chi Shi Zhi (Haloysitum rubrum)
- Chuan Bei Mu (Fritillariae cirrhosae Bulbus)
- Chuan Lian Zi (Toosendan Fructus)
- Chuan Niu Xi (Cyathulae Radix)
- Chuan Xiong (Chuanxiong Rhizoma)
- Chun Pi (Ailanthi Cortex)
- Ci Ji Li (Tribuli Fructus)
- Ci Shi (Magnetitum)
- Da Fu Pi (Arecae Pericarpium)
- Da Huang (Rhei Radix et Rhizoma)
- Da Ji (Herba seu Radix Cirsii Japonici)
- Da Zao (Jujubae Fructus)
- Dai Zhe Shi (Haematitum)
- Dan Dou Chi (Sojae Semen preparatum)
- Dan Nan Xing (Arisaema Rhizoma cum Bile)
- Dan Shen (Salviae miltiorrhizae Radix)
- Dan Zhu Ye (Lophateri Herba)
- Dang Gui (Angelicae sinensis Radix)
- Dang Shen (Codonopsis Radix)
- Deng Xin Cao (Junci Medulla)
- Di Fu Zi (Kochiae Fructus)
- Di Gu Pi (Lycii Cortex)
- Di Long (Pheretima)
- Di Yu (Sanguisorbae Radix)
- Ding Xiang (Caryophylli Flos)
- Dong Chong Xia Cao (Cordyceps)
- Dong Gua Zi (Benincasae Semen)
- Dong Kui Zi (Malvae Fructus)
- Du Huo (Angelicae pubescentis Radix)
- Du Zhong (Eucommiae Cortex)
- E Jiao (Asini Corii Colla)
- E Zhu (Curcumae Rhizoma)
- Fan Xie Ye (Sennae Folium)
- Fang Feng (Saposhnikoviae Radix)
- Fo Shou (Citri sarcodactylis Fructus)
- Fu Ling (Poria)
- Fu Pen Zi (Rubi Fructus)
- Fu Shen (Poriae Sclerotium paradiscis)
- Fu Xiao Mai (Tritici Fructus Levis)
- Fu Zi (Aconiti Radix lateralis)
- Gan Cao (Glycyrrhizae Radix)
- Gan Jiang (Zingiberis Rhizoma)
- Gao Ben (Ligustici Rhizoma)
- Gao Liang Jiang (Alpiniae officinarum Rhizoma)
- Ge Gen (Puerariae Radix)
- Gou Ji (Cibotii Rhizoma)



- Gou Qi Zi (Lycii Fructus)
- Gou Teng (Uncariae Ramulus cum Uncus)
- Gu Sui Bu (Drynariae Rhizoma)
- Gu Ya (Setariae Fructus germinatus)
- Gua Lou (Trichosanthis Fructus)
- Gua Lou Pi (Trichosanthis Pericarpium)
- Gua Lou Ren (Trichosanthis Semen)
- Gui Ban (Testudinis Plastrum)
- Gui Ban Jiao (Testudinis Plastrum Colla)
- Gui Zhi (Cinnamomi Ramulus)
- Hai Piao Xiao (Sepia Endoconcha)
- Hai Tong Pi (Erythrinae Cortex)
- Hai Zao (Sargassum)
- Han Fang Ji (Stephaniae tetrandrae Radix)
- Han Lian Cao (Ecliptae Herba)
- He Huan Pi (Albiziae Cortex)
- He Shou Wu (Polygoni multiflori Radix)
- He Ye (Nelumbinis Folium)
- He Zi (Chebulae Fructus)
- Hei Zhi Ma (Sesami Semen nigrum)
- Hong Hua (Carthami Flos)
- Hou Po (Magnoliae officinalis Cortex)
- Hu Jiao (Piperis Fructus)
- He Tao Ren (Juglandis Semen)
- Hua Jiao (Zanthoxyli Pericarpium)
- Hua Shi (Talcum)
- Huai Mi (Sophorae Flos immaturus)
- Huai Niu Xi (Achyranthis bidentatae Radix)
- Huang Bai (Phellodendri Cortex)
- Huang Jing (Polygonati Rhizoma)
- Huang Lian (Coptidis Rhizoma)
- Huang Qi (Astragali Radix)
- Huang Qin (Scutellariae Radix)
- Huo Ma Ren (Cannabis Semen)
- Huo Xiang (Pogostemonis/Agastaches Herba)
- Ji Nei Jin (Gigeria galli Endothelium corneum)
- Ji Xue Teng (Spatholobi Caulis)
- Jiang Huang (Curcumae longae Rhizoma)
- Jie Geng (Platycodi Radix)
- Jin Yin Hua (Lonicerae Flos)
- Jin Ying Zi (Rosae laevigatae Fructus)
- Jing Jie (Schizonepetae Herba)
- Jing Mi (Oryzae Semen)
- Ju Hong (Citri reticulatae Exocarpium rubrum)
- Ju Hua (Chrysanthemi Flos)
- Jue Ming Zi (Cassia Semen)
- Ku Shen (Sophorae flavescentis Radix)
- Kuan Dong Hua (Farfarae Flos)



- Lai Fu Zi (Raphani Semen)
- Lian Qiao (Forsythia Fructus)
- Lian Xu (Nelumbinis Stamen)
- Lian Zi (Nelumbinis Semen)
- Long Dan Cao (Gentianae Radix)
- Long Gu (Fossilia Ossis Mastodi)
- Long Yan Rou (Longan Arillus)
- Lu Dou (Phaseoli Semen)
- Lu Gen (Phragmitis Rhizoma)
- Lu Hui (Aloe)
- Lu Jiao Jiao (Cervi Cornus Colla)
- Lu Rong (Cervi Cornu pantotrichum)
- Ma Bo (Lasiosphaera/Calvatia)
- Ma Huang (Ephedrae Herba)
- Mai Men Dong (Ophiopogonis Radix)
- Mai Ya (Hordei Fructus germinatus)
- Man Jing Zi (Viticis Fructus)
- Mang Xiao (Natrii Sulfas)
- Mei Gui Hua (Rosae rugosae Flos)
- Mo Yao (Myrrha)
- Mu Dan Pi (Moutan Cortex)
- Mu Gua (Chaenomelis Fructus)
- Mu Li (Ostreae Concha)
- Mu Tong (Akebiae Caulis)
- Mu Xiang (Aucklandiae Radix)
- Mu Zei (Equiseti hiemalis Herba)
- Niu Bang Zi (Arctii Fructus)
- Niu Huang (Bovis Calculus)
- Nu Zhen Zi (Ligustri Lucidi Fructus)
- Ou Jie (Nelumbinis Nodus Rhizomatis)
- Pao Jiang (Zingiberis Rhizoma preparatum)
- Pi Pa Ye (Eriobotryae Folium)
- Pu Gong Ying (Taraxaci Herba)
- Pu Huang (Typhae Pollen)
- Qian Cao (Rubiae Radix)
- Qian Hu (Peucedani Radix)
- Qian Shi (Euryales Semen)
- Qiang Huo (Notopterygii Rhizoma Seu Radix)
- Qin Jiao (Gentianae macrophyllae Radix)
- Qin Pi (Fraxini Cortex)
- Qing Pi (Citri reticulatae viride Pericarpium)
- Qing Hao (Artemisiae annuae Herba)
- Qu Mai (Dianthi Herba)
- Ren Shen (Ginseng Radix)
- Rou Cong Rong (Cistanches Herba)
- Rou Dou Kou (Myristicae Semen)
- Rou Gui (Cinnamomi Cortex)
- Ru Xiang (Olibanum)
- San Leng (Sparganii Rhizoma)
- San Qi (Notoginseng Radix)
- Sang Bai Pi (Mori Cortex)



- Sang Ji Sheng (Taxilli Herba)
- Sang Piao Xiao (Mantidis Ootheca)
- Sang Shen (Mori Fructus)
- Sang Ye (Mori Folium)
- Sang Zhi (Mori Ramulus)
- Sha Ren (Amomi Fructus)
- Sha Shen (Glehniae/Adenophorae Radix)
- Sha Yuan Ji Li (Astragali complanati Semen)
- Shan Dou Gen (Sophorae tonkinensis Radix)
- Shan Yao (Dioscoreae Rhizoma)
- Shan Zha (Crataegi Fructus)
- Shan Zhu Yu (Corni Fructus)
- She Chuang Zi (Cnidii Fructus)
- She Gan (Belamcandae Rhizoma)
- Shen Qu (Massa medicata Fermantata)
- Sheng Di Huang (Rehmanniae Radix)
- Sheng Jiang (Zingiberis Rhizoma recens)
- Sheng Jiang Pi (Zingiberis Rhizomatis Cortex)
- Sheng Ma (Cimicifugae Rhizoma)
- Shi Chang Pu (Acori tatarinowii Rhizoma)
- Shi Gao (Gypsum fibrosum)
- Shi Hu (Dendrobii Herba)
- Shi Jue Ming (Halitidis Concha)
- Shi Wei (Pyrrrosiae Folium)
- Shu Di Huang (Rehmanniae Radix preparata)
- Shui Niu Jiao (Bubali Cornu)
- Suan Zao Ren (Ziziphi spinosae Semen)
- Suo Yang (Cynomorii Herba)
- Tai Zi Shen (Pseudostellariae Radix)
- Tan Xiang (Santi albi Lignum)
- Tao Ren (Persicae Semen)
- Tian Hua Fen (Trichosanthis Radix)
- Tian Ma (Gastrodiae Rhizoma)
- Tian Men Dong (Asparagi Radix)
- Tian Nan Xing (Arisaematis Rhizoma)
- Tong Cao (Tetrapanacis Medulla)
- Tu Fu Ling (Smilacis glabrae Rhizoma)
- Tu Si Zi (Cuscutae Semen)
- Wang Bu Liu Xing (Vaccariae Semen)
- Wei Ling Xian (Clematidis Rhizoma)
- Wu Jia Pi (Acanthopanax Cortex)
- Wu Mei (Mume Fructus)
- Wu Wei Zi (Schisandrae Fructus)
- Wu Yao (Linderae Radix)
- Wu Zhu Yu (Evodiae Fructus)
- Xi Xian Cao (Siegesbeckiae Herba)
- Xi Yang Shen (Panacis Quinquefolii Radix)
- Xia Ku Cao (Prunellae Spica)
- Xian He Cao (Agrimoniae Herba)



- Xian Mao (Curculiginis Rhizoma)
- Xiang Fu (Cyperis Rhizoma)
- Xiang Ru (Moslae Herba)
- Xiao Hui Xiang (Foeniculi Fructus)
- Xiao Ji (Cirsii Herba)
- Xie Bai (Allii macrostemi Bulbus)
- Xin Yi Hua (Magnoliae Flos)
- Xing Ren (Armeniacae Semen)
- Xu Duan (Dipsaci Radix)
- Xuan Fu Hua (Inulae Flos)
- Xuan Shen (Scrophulariae Radix)
- Yan Hu Suo (Corydalis Rhizoma)
- Ye Jiao Teng (Polygoni multiflori Caulis)
- Ye Ju Hua (Chrysanthemi indici Flos)
- Yi Mu Cao (Leonuri Herba)
- Yi Tang (Maltosum)
- Yi Yi Ren (Coicis Semen)
- Yi Zhi Ren (Alpiniae oxyphyllae Fructus)
- Yin Chen (Artemisiae scopariae Herba)
- Yin Yang Huo (Epimedii Herba)
- Yu Jin (Curcumae Radix)
- Yu Xing Cao (Houttuyniae Herba)
- Yuan Zhi (Polygalae Radix)
- Ze Lan (Lycopi Herba)
- Ze Xie (Alismatis Rhizoma)
- Zhe Bei Mu (Fritillariae thunbergii Bulbus)
- Zhen Zhu (Margarita)
- Zhi Gan Cao (Glycyrrhizae Radix preparata)
- Zhi Ke (Aurantii Fructus)
- Zhi Mu (Anemarrhenae Radix)
- Zhi Shi (Aurantii Fructus immaturus)
- Zhi Zi (Gardeniae Fructus)
- Zhu Ling (Polyporus)
- Zhu Ru (Bambusae Caulis in taeniam)
- Zi Su Ye (Perillae Folium)
- Zi Su Zi (Perillae Fructus)
- Zi Wan (Asteris Radix)



Appendix B: Chinese Herbal Formulas

Please Note: The exam will focus on, but may not be exclusively limited to, the herbal formulas listed below. Formulas not on this list may still appear on the exam as distractors (incorrect answers). Candidates are also responsible for being familiar with all formulas that are mentioned in the content outline.

- Ba Zhen Tang (Eight-Treasure Decoction)
- Ba Zheng San (Eight-Herb Powder for Rectification)
- Bai He Gu Jin Tang (Lily Bulb Decoction to Preserve the Metal)
- Bai Hu Tang (White Tiger Decoction)
- Bai Tou Weng Tang (Pulsatilla Decoction)
- Ban Xia Bai Zhu Tian Ma Tang (Pinellia, Atractylodis Macrocephalae, and Gastrodia Decoction)
- Ban Xia Hou Po Tang (Pinellia and Magnolia Bark Decoction)
- Ban Xia Xie Xin Tang (Pinellia Decoction to Drain the Epigastrium)
- Bao He Wan (Preserve Harmony Pill)
- Bei Mu Gua Lou San (Fritillaria and Trichosanthes Fruit Powder)
- Bi Xie Feng Qing Yin (Dioscorea Hypoglauca Decoction to Separate the Clear)
- Bu Yang Huan Wu Tang (Tonify the Yang to Restore Five (Tenths) Decoction)
- Bu Zhong Yi Qi Tang (Tonify the Middle and Augment the Qi Decoction)
- Cang Er Zi San (Xanthium Powder)
- Chai Ge Jie Ji Tang (Bupleurum and Kudzu Decoction)
- Chai Hu Shu Gan San (Bupleurum Powder to Spread the Liver)
- Chuan Xiong Cha Tiao San (Ligusticum Chuanxiong Powder to be Taken with Green Tea)
- Da Bu Yin Wan (Great Tonify the Yin Pill)
- Da Chai Hu Tang (Major Bupleurum Decoction)



- Da Cheng Qi Tang (Major Order the Qi Decoction)
- Da Jian Zhong Tang (Major Construct the Middle Decoction)
- Da Huang Mu Dan Tang (Rhubarb and Moutan Decoction)
- Dan Shen Yin (Salvia Drink)
- Dang Gui Bu Xue Tang (Tangkuei Decoction to Tonify the Blood)
- Dang Gui Liu Huang Tang (Tangkuei and Six-Yellow Decoction)
- Dang Gui Si Ni Tang (Tangkuei Decoction for Frigid Extremities)
- Dao Chi San (Guide Out the Red Powder)
- Ding Chuan Tang (Arrest Wheezing Decoction)
- Du Huo Ji Sheng Tang (Angelica Pubescens and Sangjisheng Decoction)
- Du Qi Wan (Capital Qi Pill)
- Er Chen Tang (Two-Cured Decoction)
- Er Miao San (Two-Marvel Powder)
- Er Xian Tang (Two-Immortal Decoction)
- Er Zhi Wan (Two-Ultimate Pill)
- Fang Feng Tong Sheng San (Ledebouriella Powder That Safely Unblocks)
- Fu Yuan Huo Xue Tang (Revive Health by Invigorating the Blood Decoction)
- Gan Mai Da Zao Tang (Licorice, Wheat, and Jujube Decoction)
- Ge Gen Huang Lian Huang Qin Tang (Kudzu, Coptis, and Scutellaria Decoction)
- Ge Gen Tang (Kudzu Decoction)
- Ge Xia Zhu Yu Tang (Drive Out Blood Stasis Below the Diaphragm Decoction)
- Gu Jing Wan (Stabilize the Menses Pill)
- Gui Pi Tang (Restore the Spleen Decoction)
- Gui Zhi Fu Ling Wan (Cinnamon Twig and Poria Pill)
- Gui Zhi Shao Yao Zhi Mu Tang (Cinnamon Twig, Peony, and Anemarrhena Decoction)
- Gui Zhi Tang (Cinnamon Twig Decoction)



- Huai Hua San (Sophora Japonica Flower Powder)
- Huang Lian E Jiao Tang (Coptis and Ass-Hide Gelatin Decoction)
- Huang Lian Jie Du Tang (Coptis Decoction to Relieve Toxicity)
- Huo Xiang Zheng Qi San (Agastache Powder to Rectify the Qi)
- Ji Chuan Jian (Benefit the River (Flow) Decoction)
- Jia Jian Wei Rui Tang (Modified Solomon's Seal Decoction)
- Jia Wei Xiao Yao San (Augmented Rambling Powder)
- Jiao Ai Tang (Ass-Hide Gelatin and Mugwort Decoction)
- Jin Gui Shen Qi Wan (Kidney Qi Pill from the Golden Cabinet)
- Jin Ling Zi San (Melia Toosendan Powder)
- Jin Suo Gu Jing Wan (Metal Lock Pill to Stabilize the Essence)
- Ju Pi Zhu Ru Tang (Tangerine Peel and Bamboo Shavings Decoction)
- Juan Bi Tang (Remove Painful Obstructions from *Awakening of the Mind in Medical Studies*)
- Li Zhong Wan (Regulate the Middle Pill)
- Liang Fu Wan (Galangal and Cyperus Pill)
- Liang Ge San (Cool the Diaphragm Powder)
- Ling Gui Zhu Gan Tang (Poria, Cinnamon Twig, Atractylodis Macrocephalae and Licorice Decoction)
- Liu Jun Zi Tang (Six Gentlemen Decoction)
- Liu Wei Di Huang Wan (Six-Ingredient Pill with Rehmannia)
- Liu Yi San (Six-to-One Powder)
- Long Dan Xie Gan Tang (Gentiana Longdancao Decoction to Drain the Liver)
- Ma Huang Tang (Ephedra Decoction)
- Ma Xing Shi Gan Tang (Ephedra, Apricot Kernel, Gypsum and Licorice Decoction)
- Ma Zi Ren Wan (Hemp Seed Pill)
- Mai Men Dong Tang (Ophiopogonis Decoction)



- Mu Li San (Oyster Shell Powder)
- Nuan Gan Jian (Warm the Liver Decoction)
- Ping Wei San (Calm the Stomach Powder)
- Pu Ji Xiao Du Yin (Universal Benefit Decoction to Eliminate Toxin)
- Qi Ju Di Huang Wan (Lycium Fruit, Chrysanthemum and Rehmannia Pill)
- Qiang Huo Sheng Shi Tang (Notopterygium Decoction to Overcome Dampness)
- Qing Wei San (Clear the Stomach Powder)
- Qing Gu San (Cool the Bones Powder)
- Qing Hao Bie Jia Tang (Artemisia Annuua and Soft-Shell Turtle Shell Decoction)
- Qing Qi Hua Tan Wan (Clear the Qi and Transform Phlegm Pill)
- Qing Wen Bai Du San (Clear Epidemics and Overcome Toxicity Decoction)
- Qing Ying Tang (Clear the Nutritive Level Decoction)
- Qing Zao Jiu Fei Tang (Eliminate Dryness and Rescue the Lungs Decoction)
- Ren Shen Bai Du San (Ginseng Powder to Overcome Pathogenic Influences)
- Run Chang Wan (Moisten the Intestines Pill from *Master Shen's Book*)
- San Ren Tang (Three Nut Decoction)
- San Zi Yang Qin Tang (Three-Seed Decoction to Nourish One's Parents)
- Sang Ju Yin (Mulberry Leaf and Chrysanthemum Decoction)
- Sang Piao Xiao San (Mantis Egg-Case Powder)
- Sang Xing Tang (Mulberry Leaf and Apricot Kernel Decoction)
- Shao Fu Zhu Yu Tang (Drive Out Blood Stasis in the Lower Abdomen Decoction)
- Shao Yao Gan Cao Tang (Peony and Licorice Decoction)
- Shao Yao Tang (Peony Decoction)
- Shen Fu Tang (Ginseng and Aconite Accessory Root Decoction)
- Shen Ling Bai Zhu San (Ginseng, Poria and Atractylodes Macrocephala Powder)
- Shen Tong Zhu Yu Tang (Drive Out Blood Stasis from a Painful Body Decoction)
- Sheng Hua Tang (Generation and Transformation Decoction)



- Sheng Mai San (Generate the Pulse Powder)
- Sheng Ma Ge Gen Tang (Cimicifuga and Kudzu Decoction)
- Shi Hui San (Ten Partially-Charred Substance Powder)
- Shi Pi Yin (Bolster the Spleen Decoction)
- Shi Quan Da Bu Tang (All Inclusive Great Tonifying Decoction)
- Shi Xiao San (Sudden Smile Powder)
- Shou Tai Wan (Fetus Longevity Pill)
- Si Jun Zi Tang (Four-Gentlemen Decoction)
- Si Ni San (Frigid Extremities Powder)
- Si Ni Tang (Frigid Extremities Decoction)
- Si Shen Wan (Four-Miracle Pill)
- Si Wu Tang (Four-Substance Decoction)
- Su Zi Jiang Qi Tang (Perilla Fruit Decoction for Directing Qi Downward)
- Suan Zao Ren Tang (Sour Jujube Decoction)
- Tai Shan Pan Shi San (Powder that Gives the Stability of Mount Tai)
- Tao He Cheng Qi Tang (Peach Pit Decoction to Order the Qi)
- Tian Ma Gou Teng Yin (Gastrodia and Uncaria Decoction)
- Tian Tai Wu Yao San (Top-quality Lindera Powder)
- Tian Wang Bu Xin Dan (Emperor of Heaven's Special Pill to Tonify the Heart)
- Tiao Wei Cheng Qi Tang (Regulate the Stomach and Order the Qi Decoction)
- Tong Xie Yao Fang (Important Formula for Painful Diarrhea)
- Wan Dai Tang (End Discharge Decoction)
- Wei Jing Tang (Reed Decoction)
- Wen Dan Tang (Warm the Gallbladder Decoction)
- Wen Jing Tang (Warm the Menses Decoction)
- Wu Ling San (Five-Ingredient Powder with Poria)
- Wu Pi San (Five-Peel Powder)



- Wu Wei Xiao Du Yin (Five-Ingredient Decoction to Eliminate Toxin)
- Wu Zhu Yu Tang (Evodia Decoction)
- Xiang Su San (Cyperus and Perilla Leaf Powder)
- Xiao Chai Hu Tang (Minor Bupleurum Decoction)
- Xiao Cheng Qi Tang (Minor Order the Qi Decoction)
- Xiao Feng San (Eliminate Wind Powder from Orthodox Lineage)
- Xiao Huo Luo Dan (Minor Invigorate the Collaterals Special Pill)
- Xiao Ji Yin Zi (Cephalanoplos Decoction)
- Xiao Jian Zhong Tang (Minor Construct the Middle Decoction)
- Xiao Qing Long Tang (Minor Blue-Green Dragon Decoction)
- Xiao Yao San (Rambling Powder)
- Xie Bai San (Drain the White Powder)
- Xie Huang San (Drain the Yellow Powder)
- Xie Xin Tang (Drain the Epigastrium Decoction)
- Xing Su San (Apricot Kernel and Perilla Leaf Powder)
- Xuan Fu Dai Zhe Tang (Inula and Hematite Decoction)
- Xue Fu Zhu Yu Tang (Drive Out Stasis in the Mansion of Blood Decoction)
- Yang He Tang (Balmy Yang Decoction)
- Yi Guan Jian (Linking Decoction)
- Yin Chen Hao Tang (Artemisia Yinchenhao Decoction)
- Yin Qiao San (Honeysuckle and Forsythia Powder)
- You Gui Wan (Restore the Right (Kidney) Pill)
- You Gui Yin (Restore the Right (Kidney) Decoction)
- Yu Nu Jian (Jade Woman Decoction)
- Yu Ping Feng San (Jade Windscreen Powder)
- Yue Ju Wan (Escape Restraint Pill)
- Zeng Ye Tang (Increase the Fluids Decoction)



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



Bibliographies

The [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.



Foundations of Oriental Medicine Bibliography

Cheng, Xinnong, ed. *Chinese Acupuncture and Moxibustion*. 3rd ed. Seventeenth Printing 2016. Beijing: Foreign Languages Press, 2009.

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

Kastner, Joerg. *Chinese Nutritional Therapy: Dietetics in Traditional Chinese Medicine*. 2nd ed. New York: Thieme, 2009.

Liu, Tianjun. *Chinese Medical Qigong*. London and Philadelphia: Singing Dragon, 2013.

Maciocia, Giovanni. *Diagnosis in Chinese Medicine: A Comprehensive Guide*. 2nd ed. Philadelphia: Elsevier Churchill Livingstone, 2018.

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

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

Maclean, William, Jane Lyttleton, Mark Bayley, and Kathryn Taylor. *Clinical Handbook of Internal Medicine, The Treatment of Disease with Traditional Chinese Medicine*. 2nd ed. Seattle: Eastland Press, 2018.

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

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

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



Biomedicine Bibliography

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

Bickley, Lynn S. *Bates' Guide to Physical Examination and History Taking*. 12th ed. Philadelphia: Lippincott Williams & Wilkins Publishers, 2016.

Council of Colleges of Acupuncture and Oriental Medicine. *Clean Needle Technique Manual Best Practices for Acupuncture Needle Safety and Related Procedures*. 7th ed. Council of Colleges of Acupuncture and Oriental Medicine, 2020.
[\[https://www.ccahm.org/ccaom/CNT_Manual.asp \(opens in new tab\)\]](https://www.ccahm.org/ccaom/CNT_Manual.asp)

Fischbach, Frances T. and Margaret A. Fischbach. *Fischbach's A Manual of Laboratory and Diagnostic Tests*. 10th ed. Philadelphia: Lippincott Williams & Wilkins Publishers, 2017.

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

Katzung, Bertram G. *Basic and Clinical Pharmacology*. 14th ed. New York: McGraw Hill Medical, 2017.

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

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

Porter, Robert S. (Ed.). *The Merck Manual of Diagnosis and Therapy*. 20th ed. West Point, PA: Merck & Co. Inc., 2018.



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

Primary Sources

Cheng, Xinnong, ed. *Chinese Acupuncture and Moxibustion*. 3rd ed. Seventeenth Printing 2016. Beijing: Foreign Languages Press, 2009.

Council of Colleges of Acupuncture and Oriental Medicine. *Clean Needle Technique Manual Best Practices for Acupuncture Needle Safety and Related Procedures*. 7th ed. Council of Colleges of Acupuncture and Oriental Medicine, 2020.
[https://www.ccahm.org/ccaom/CNT_Manual.asp (opens in new tab)]

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

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

Secondary Sources

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

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

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

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

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

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



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

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

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

Maclean, William, Jane Lyttleton, Mark Bayley, and Kathryn Taylor. *Clinical Handbook of Internal Medicine, The Treatment of Disease with Traditional Chinese Medicine*. 2nd ed. Seattle: Eastland Press, 2018.

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

Stephenson, Clare. *The Complementary Therapist's Guide to Red Flags and Referrals*. 1st ed. New York: Elsevier Churchill Livingstone, 2013.

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

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



Chinese Herbology Bibliography

Primary Sources

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

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

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

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

Secondary Sources

American Herbal Products Association (AHPA). [*White Paper: Good Herbal Compounding And Dispensing Practices \(opens in new tab\)*](#). Silver Spring, MD: American Herbal Products Association, March 2017.

Cheng, Xinnong, ed. *Chinese Acupuncture and Moxibustion.* 3rd ed. Seventeenth Printing 2016. Beijing: Foreign Languages Press, 2009.

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

Lu, Henry C. *Chinese Natural Cures: Traditional Methods for Remedy and Prevention.* New York: Black Dog & Leventhal Publishers, Inc., 2006.

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

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

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



Websites

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

U. S. Food and Drug Administration [Current Good Manufacturing Practices (CGMP)] <https://www.fda.gov/drugs/pharmaceutical-quality-resources/facts-about-current-good-manufacturing-practices-cgmps> (opens in new tab)



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

References:

1. Kaptchuk, Ted. J. *The Web that Has No Weaver: Understanding Chinese Medicine*. 2nd ed. New York: McGraw-Hill Professional, 2000.
2. Cheng, Xinnong, ed. *Chinese Acupuncture and Moxibustion*. 3rd ed. Seventeenth Printing 2016. Beijing: Foreign Languages Press, 2009.
3. Maciocia, Giovanni. *The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists*. 3rd ed. Philadelphia: Elsevier Churchill Livingstone, 2015.
4. Wiseman, Nigel, and Andy Ellis. *Fundamentals of Chinese Medicine*. Revised Edition. Brookline, MA: Paradigm Publications, 1995.
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 Chinese Herbology 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. Which of the following 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. Which of the following 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 needed with the patient positioned in the prone position?

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

ACPL-2

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

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

ACPL-3

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

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



Chinese Herbology

CH-1

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

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

CH-2

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

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

CH-3

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

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

Answers:

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



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.

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.

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) 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 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

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

Exam Score Validity for Achieving Initial Certification:

No expiration date



Former Diplomate - Inactive

No expiration date [for up to 2 years]

Former Diplomate - Lapsed

3 years from active certification
expiration date

Former Diplomate - Terminated

All exam results expired

Candidate - Application in Process

12 years from exam date

Candidate - Reapply Application in Process

12 years from exam date

Candidate - Application Expired

12 years from exam date

Updated: February 2022

© Copyright 2022 NCCAOM

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