

OBCE BOARD MEETING PUBLIC SESSION	July 23-24, 2025 8:30 AM
	Meeting location: Virtual
	Teams conference will also be available: Join the meeting now
	Meeting ID: 237 161 324 278 Passcode: eQyPtL
Board President: Michelle Waggoner, DC Phone 503-378-5816 info@obce.oregon.gov	

July 23-24, 2025

8:30 AM Convene Public Session

1. **PUBLIC COMMENTS**
(Comments must be limited to 3-5 minutes.)

2. **CONSENT AGENDA** Action
 - a. Today’s agenda
 - b. January 22-23, 2024, Public Board Minutes
 - c. April 23-24, 2024, Public Board Minutes

3. **EXECUTIVE DIRECTOR REPORT** Inform/Action

4. **OCA Update** Inform

5. **UWS Update** Inform

6. **9:00 AM RULE HEARINGS** Action
 - a. **OAR 811-010-0093 Guide to Policy & Practice** – updating document date
 - b. **OAR 811-010-0140 Criminal Conviction Determination Process** – potential new rule to meet SB 1552 requirements
 - c. **OAR 811-030-0011 X-rays** – update rule language to include broader imaging types
 - d. **OAR 811-030-0020 Scope of Radiography in the Chiropractic Practice** – update radiographic/X-ray to include more types of imaging
 - e. **OAR 811-030-0030 X-Ray Departments, Equipment and Procedures** – updating X-Ray and radiographic equipment rules for accuracy and consistency

7. **ADMINISTRATIVE RULES REVIEW and DISCUSSION** Action
 - a. **OAR 811-010-0068 Spouse of Active Duty Armed Forces**
 - b. **OAR 811-015-0002 Pre-Paid and Contracted Treatment Plans**
 - c. **OAR 811-015-0005 Records**
 - d. **OAR 811-015-0006 Disclosure of Records**
 - e. **OAR 811-015-0010 Clinical Justification and Standard of Care**
 - f. **OAR 811-015-0011 Minor Consent Rule**

f. **OAR 811-015-0025 Continuing Chiropractic Education**

8. **1:00PM - Recognized Chiropractic Specialty Program (RCSP) Presentation** –
Dr. Jon Schwartzbauer, Federation of Chiropractic Licensing Boards (FCLB) Executive Director

9. **DISCUSSION AND ACTION ITEMS**

Inform/Action

- a. Introduction to the Board Class - November Dates
- b. Customer Service Standards Draft Policy
- c. Strategic Plan Review
- d. IT Strategic Plan Review
- e. COOP Plan Review
- f. ETSDP Process Review

10. **CORRESPONDENCE**

- a. OBCE Progress Report on Governor's Expectations
- b. Dry Needling Public Comment – Joyce McClure, DC
- c. OCPUG Public Comment – Dan Kemper, DC
- d. Fee Increase Public Comment – Stephanie Tolonen, DC
- e. Fee Increase Public Comment – Amy Chapman, DC

11. **WORK SESSION**

- a. CA Initial Training Guidelines Review
- b. CA Initial Training Resources Review
- c. CA Training Log Review
- d. Online CE Resources Review
- e. 2023-2025 Board Work Plan Review
- f. Board Action Summary Review

11. **EXECUTIVE SESSION**

The Oregon Board of Chiropractic Examiners will now meet in Executive Session to consider information or records that are exempt from public inspection, including advice from legal counsel, and to consider information obtained as part of an investigation into licensee or applicant conduct. This Executive Session is held pursuant to ORS 192.660(1), ORS 192.660(2)(f) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1). Members of the news media may remain during Executive Session but are directed not to report on, record or otherwise disclose any of the deliberations or information discussed during the Executive Session.

If you are a member of the public, attendees attending through MS Teams will now be removed from the virtual room and audience members attending in person are asked to leave the room for the duration of Executive Session. At the end of Executive Session, the Board will return to Public Session for the purpose of taking formal action on matters discussed in Executive Session. While the Board is in Public Session, the public video stream will be available. If there are any questions about whether the Board remains in Executive Session, you may contact info@obce.oregon.gov.

12. **IN THE MATTERS OF** (following Executive Session)



July 2025 Board Meeting
Section 2 – Consent Agenda

OBCE BOARD MEETING PUBLIC SESSION	January 22-23, 2025 8:30 AM
	Meeting location: Virtual
	Teams conference will also be available: Join the meeting now
	Meeting ID: 271 821 173 664 Passcode: Wp7EyH
Board President: Michelle Waggoner, DC Phone 503-378-5816 info@obce.oregon.gov	

Board Member Attendees:	Staff Attendees:
Michelle Waggoner, DC, President	Cass McLeod-Skinner, JD, Executive Director
Seth Alley, DC, Vice President	Mackenzie Purnell, Operations Specialist
Karen Baranick, DC, Secretary	Miriam Lara, Compliance Specialist
Scott Fuller, DC	Craig Kawaoka, DC, MeD, Healthcare Investigator
Corey O’Neill, DC	Gina Sullivan, Investigator
Lori Schmidt, JD, Public Member	Heather Gilker, Office Specialist
Micah Warren-Johnson, Public Member	
Public Attendees:	

January 22, 2025

8:30 AM Convene Public Session

1. PUBLIC COMMENTS

None

2. CONSENT AGENDA

Action

a. Today’s agenda

Outcome: Added 10.e. DC Applicant’s Guide to work session.

b. November 21, 2024, Public Board Meeting

Outcome: Adopted

c. December 23, 2024, Special Public Board Meeting

Outcome: Adopted

3. EXECUTIVE DIRECTOR REPORT

Budget update: to waive board stipends, email request to McLeod-Skinner.

4. OCA Update

No update

5. UWS Update

No update

6. **9:00 AM RULE HEARINGS**

- a. **OAR 811-010-0005 Definitions** – updating the language for accuracy

Outcome: Schmidt moved to adopt the rule as proposed; Alley, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- b. **OAR 811-010-0008 Fees** – updating background check fees

Outcome: Waggoner moved to adopt the rule as amended; Schmidt, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- c. **OAR 811-010-0015 Filing Addresses** – updating the language for accuracy

Outcome: Schmidt moved to adopt the rule as proposed; Baranick, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- d. **OAR 811-010-0040 Duty to Report** – updating the language for accuracy

Outcome: Schmidt moved to adopt the rule as proposed; Alley, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- e. **OAR 811-010-0066 Reciprocity** – updating the language for accuracy

Outcome: Schmidt moved to adopt the rule as proposed; Warren-Johnson, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- f. **OAR 811-010-0068 Temporary Chiropractic License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon** – updating the language for accuracy

Outcome: Schmidt moved to adopt the rule as proposed; O’Neill, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- g. **OAR 811-010-0084 Fitness Determinations for Licensure; State and Nationwide Criminal Background Checks** – updating the language for accuracy

Outcome: Schmidt moved to adopt the rule as proposed; Baranick, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- h. **OAR 811-010-0085 Chiropractic License Application Requirements** – updating the language for accuracy

Outcome: Schmidt moved to adopt the rule as proposed; Alley, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- i. **OAR 811-010-0086 Annual Registration** – updating the language for accuracy and consistency with policy

Outcome: Waggoner moved to adopt the rule as amended; Alley, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, absent; Waggoner, aye. Motion passed.

- j. **OAR 811-010-0089 Competency Examination** – updating the language for accuracy

Outcome: No board action.

- k. **OAR 811-010-0110 Chiropractic Assistants** – updating the language for accuracy and consistency with policy

Outcome: Schmidt moved to adopt the rule as proposed; Alley, second. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

7. **ADMINISTRATIVE RULES REVIEW and DISCUSSION**

- a. **OAR 811-035-0005 Duties and Obligations of Chiropractic Physicians to Their Patients** – incorporating policy into section 3 of the rule

Outcome: Schmidt moves to enter rulemaking in April; Waggoner, second. Alley, absent; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, absent; Waggoner, aye. Motion passed.

- b. **Division 10 – General Rules and Licensing:** updating with inclusive language

- i. **OAR 811-010-0008 Fees**

Outcome: No action

- ii. **OAR 811-010-0025 Display of Renewal Certificate**

Outcome: No action

- iii. **OAR 811-010-0045 Chiropractic Students**

Outcome: No action.

- iv. **OAR 811-010-0071 Board Members**

Outcome: No action

- v. **OAR 811-010-0080 Attendance at Board Meetings**

Outcome: No action

- vi. **OAR 811-010-0090 Food and Drugs**

Outcome: No action

- vii. **OAR 811-010-0093 Guide to Policy and Practice Questions**

Outcome: No action

viii. **OAR 811-010-0095** Peer Review Committee

Outcome: No action

ix. OAR 811-010-0115 Temporary Chiropractic Assistant Certification for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

Outcome: No action

x. OAR 811-010-0120 Chiropractic Professional Corporation and Business Entity Majority Ownership

Outcome: Waggoner moved to enter rulemaking in April; O'Neill, seconded. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

xi. OAR 811-010-0130 Other Licensed Health Care Providers

Outcome: No action

8. DISCUSSION AND ACTION ITEMS

a. Customer Service Standards Draft Policy

Outcome: Waggoner moved to adopt policy; Alley, seconded. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

b. NBCE Exam Translation Services

Outcome:
McLeod-Skinner will take it to FCLB/CBAC and report back in a future meeting (powerpoll).
Update website with translation services info for ORS and OARs.

c. New Doc Meeting Date (April/May 2025)

Outcome: May 09, 2025, from 4:00pm – 7:00 pm – Waggoner and Warren-Johnson will attend. Schmidt and Alley are alternates.

d. Update on Exam Sub-Committees - Gilker

Outcome:
Waggoner and Alley are interested in all exams.
Schmidt is interested in Ethics/Jurisprudence.

9. CORRESPONDENCE

a. OCA Mail re: Anonymous Letter

Outcome: Received by the Board.

b. Anonymous Letter

Outcome: Received by the Board.

c. Fee Increase Public Comment – Tipton Stiller

Outcome: Received by the Board.

- d. Fee Increase Public Comment – Hubbell-Smith

Outcome: Received by the Board.

- e. Fee Increase Public Comment – Rueger

Outcome: Received by the Board.

10. WORK SESSION

- a. ETSDP Process Review

Outcome: Clean up evaluation form for April meeting.

- b. 2023-25 Board Work Plan Review

Outcome: Moved to April meeting.

- c. Board Action Summary Review

Outcome: Moved to April meeting.

- d. Website Review of Initial/CE vendors

Outcome:

Update so all formatting is consistent. Courses are not pre-approved. Take list off website. Link to the main website and phone number. Specify requirements in the rule, clarifying certification is part of the requirement.

Schmidt moved to enter rulemaking on OAR 811-015-0025 in April; Warren-Johnson, seconded; Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- e. Applicant’s Guide (amended, added morning of 1/22)

Outcome: Edited

11. EXECUTIVE SESSION

12. IN THE MATTERS OF (following Executive Session)

Case # 2023-1018

Proposal: No Statutory Violation with Letter of Concern regarding record keeping on chart notes on staff.

Motion: Waggoner moved to accept the proposal; Baranick, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2024-5018

Proposal: Insufficient Evidence with Letter of Concern for failure to report on misdemeanor conviction.

Motion: Schmidt moved to accept the proposal; O’Neill, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2024-1006

Proposal: Contingent Cased Closed with 3 hours continuing education in ethics, 3 hours continuing education in billing, to be taken within 60 days and in addition to hours needed for renewal requirements. Include a Letter of Concern regarding the No Surprise Act.

Motion: Waggoner moved to accept the proposal; Baranick, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case # 2021-1014

Proposal: Notice of Proposed Discipline with \$7,500 fine to be paid within 90 days, unconditional and successful pass of PROBE within 90 days, 4 hours continuing education in charting/recordkeeping in 90 days in addition to those hours required for annual renewal.

Motion: O'Neill moved to accept the proposal; Schmidt, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case # 2024-5020

Proposal: Notice of Proposed Discipline with \$5,000 fine to be paid in 90 days, unconditional and successful pass of PROBE in 90 days, 2 hours of continuing education in clinical justification for radiology in 90 days.

Motion: Baranick moved to accept the proposal; O'Neill, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case # 2022-3007

Proposal: No Statutory Violation with Letter of Concern regarding identifying preceptor as student and having presence while supervising; no treating of Medicare-ages patients by students.

Motion: Fuller moved to accept the proposal; O'Neill seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case # 2024-5026

Proposal: Notice of Proposed Discipline with \$2,500 to be paid in 90 days.

Motion: O'Neill moved to accept the proposal; Schmidt seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case # 2024-1011

Proposal: No Statutory Violation with Letter of Concern regarding careful adjusting of ribs,

Motion: Baranick moved to accept; O'Neill seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case # 2024-5017

Proposal: No Statutory Violation with Letter of Concern regarding adjustment technique.

Motion: Alley moved to accept; O'Neill seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case # 2024-5011

Proposal: Contingent Case Closed, review OAR division 35, 3 hours continuing education in ethics in 30 days in addition to hours required for renewal.

Motion: Schmidt moved to accept; O'Neill seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case: 2024-1012

Proposal: Contingent Case Closed, 4 hours continuing education in clinical justification specific to x-rays to be taken in 3 months, in addition to hours required for annual renewal.

Motion: Fuller moved to accept; Schmidt seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case: 2025-5001

Proposal: Notice of Proposed Discipline of Emergency Suspension with delegation to Executive Director for facilitating process. Release press release after NOPD issued.

Motion: Waggoner moved to accept; Schmidt seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

ORDER RATIFICATIONS

Case: 2022-5012

Proposal: Ratify Order

Motion: O'Neill moved to accept; Schmidt seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

Case: 2023-3007

Proposal: Ratify Order

Motion: Barnick moved to accept; O'Neill seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye.
Motion passed.

5:00PM Adjourn for the Day

Prepared by Christa Haskell, Operations Support Specialist; 6/08/2025

OBCE BOARD MEETING PUBLIC SESSION	April 23-24, 2025 8:30 AM
	Meeting location: Virtual
	Teams conference will also be available: Join the meeting now
	Meeting ID: 269 318 804 71 Passcode: qJKqdY
Board President: Michelle Waggoner, DC Phone 503-378-5816 info@obce.oregon.gov	

Board Member Attendees:	Staff Attendees:
Michelle Waggoner, DC, President	Cass McLeod-Skinner, JD, Executive Director
Seth Alley, DC, Vice President	Heather Gilker, Office Specialist
Karen Baranick, DC, Secretary	Miriam Lara, Compliance Specialist
Scott Fuller, DC	Craig Kawaoka, DC, MeD, Healthcare Investigator
Corey O'Neill, DC	Gina Sullivan, Investigator
Lori Schmidt, JD, Public Member	
Micah Warren-Johnson, Public Member	

April 2025

8:30 AM Convene Public Session

1. PUBLIC COMMENTS

Dr. Joyce McClure, Dr. Sharron Fuchs – Dry Needling Issue

2. CONSENT AGENDA

Action

a. Today's agenda

Outcome: Adopted

b. January 22, 2024, Public Board Meeting

Outcome: None Available, to be reviewed in July
--

3. EXECUTIVE DIRECTOR REPORT

Report received

4. 9:00 AM RULE HEARINGS

- a. **OAR 811-010-0120 Chiropractic Professional Corporation and Business Entity Majority Ownership** – updating rule format and language for accuracy and consistency

Outcome: Schmidt moved to adopt the rule as amended; Alley, seconded. Alley, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

- b. **OAR 811-015-0025 Continuing Chiropractic Education** -updating rule language regarding continuing education list

Outcome: Alley moved to adopt the rule as amended; Schmidt, seconded. Alley, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

- c. **OAR 811-035-0005 Duties and Obligations of Chiropractic Physicians to Their Patients-** updating rule language regarding patient abandonment

Outcome: Schmidt moved to adopt the rule as amended; Alley, seconded. Alley, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

5. EXECUTIVE SESSION

6. OCA Update

Outcome: Dr. Vern Saboe, Thursday, 9am; update was received by the Board.

7. UWS Update

Outcome: Email update from Dr. Jaci Bergstrom received by the Board.

8. P&P SUBCOMMITTEE UPDATES

- a. **Functional Chiropractic Neurology Policy**

Outcome: Waggoner moved to adopt as amended; O’Neill seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

- b. **Minor Surgery Procedures and Devices Policy**

Outcome: Send back to subcommittee

- c. **Network Chiropractic Policy**

Outcome: Waggoner moved to adopt as amended; Baranick seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

- d. **Physical Therapy Assistants Licensing as Chiropractic Assistant**

Issue: Waggoner moved to adopt as amended; Schmidt, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

e. Therapeutic Taping Policy

Issue: Waggoner moves to adopt as amended; Fuller, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

f. P&P - working document

Issue:

Outcome:

Reason:

9. **ADMINISTRATIVE RULES REVIEW and DISCUSSION**

a. **OAD 811-010-0093 Guide to Policy & Practice** -updating document date

Outcome: Waggoner moved to enter rulemaking to amend date; Warren-Johnson, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

b. **OAD XXX-XXX-XXXX Criminal Conviction Determination Process** – potential new rule due to meet SB 1552 requirements

Outcome: Waggoner moved to enter rulemaking for July; Schmidt, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

10. **ADMINISTRATIVE POLICIES REVIEW and DISCUSSION**

a. Citizenship or Immigration Status Information

i. Collecting and Maintaining Citizenship or Immigration Status or Country of Birth Information Policy

Outcome: Waggoner moved to adopt; Fuller, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

ii. Sharing or Disclosing Citizenship or Immigration Status or Country of Birth Information Policy

Outcome: Waggoner moved to adopt; Fuller, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

iii. Contact with Federal Authorities Policy

Outcome: Waggoner moved to adopt; Fuller, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

iv. Federal Immigration Authorities’ Access to Student Records Policy

Outcome: Waggoner moved to adopt; Fuller, seconded. Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

v. Federal Immigration Authorities’ Access to Patient Records Policy

Outcome: Waggoner moved to adopt; Fuller, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

vi. Federal Immigration Authorities’ Access to Public Facilities Policy

Outcome: Waggoner moved to adopt; Fuller, seconded. Alley, aye; Baranick, aye; Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

b. Customer Service Standards Policy Review

i. Customer Service Standards Policy

Outcome: McLeod-Skinner to make updates and submit draft to DAS for July review and approval.

c. Tribal Relationship and Cooperation Policy

Outcome: Waggoner moved to adopt; O’Neill, seconded. Alley, aye; Baranick, aye Fuller, aye; O’Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

11. DISCUSSION AND ACTION ITEMS

a. SB 1552 and new rule discussion

Outcome: Addressed earlier in meeting.

b. Board Certification and Fellowship Information from IAMN

Outcome: Informational only

c. CJIS/Rap back Update – Lara/Gilker

Outcome: No Board action at this time

d. Strategic Plan Draft Review

Outcome: Miriam, Heather, and Karen to review and revise, revisit in July’s meeting.

e. ACA Code of Ethics Review and Possible Rule Adoption

Outcome: Revisit in July

f. Pain Management CE Discussion

Outcome: No board action

g. OCA Hosting CA Training Links - OCA

Outcome: Create similar document as continuing education resources.

d. Division 30 Review for Inclusion of Imaging

Outcome:
OAR 811-030-0011 - Waggoner moved to enter rulemaking in July; Baranick, seconded. Alley, aye; Baranick, aye; O’Neill, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.
OAR 811-030-0020 - Waggoner moved to enter rulemaking in July; Alley, seconded. Alley, aye; Baranick, aye; O’Neill, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

OAR 811-030-0030 - Waggoner moved to enter rulemaking in July; Alley, seconded. Alley, aye; Baranick, aye; O'Neill, aye; Waggoner, aye; Warren-Johnson; aye. Motion passed.

12. CORRESPONDENCE

- a. Dry Needling Public Comment – McClure

Outcome: Revisit in July

- b. Public Comment – Assimakopoulos

Outcome: Contact UWS and OCA

- c. Public Comment – Khajavei

Inform

Outcome: Information only

- d. Anonymous Public Comment

Inform

Outcome: Informational only

- e. Anonymous Public Comment

Inform

Issue: Informational only

Outcome: Received by the Board.

11. EXECUTIVE SESSION

12. IN THE MATTERS OF (following Executive Session)

Case # 2023-1006

Proposal: Close case

Motion: Waggoner moved to accept the proposal; Warren-Johnson, seconded.

Vote: Baranick, aye; Fuller, aye; O'Neill, aye; Smidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

Case # 2024-5007

Proposal: Issue Notice of Proposed Discipline – Revocation, with total fine of \$58,000 to be paid in 120 days of Final Order.

Motion: Schmidt moved to accept the proposal; Baranick, seconded.

Vote: Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

Case # 2023-3005

Proposal: Contingent Case Closed with 2 hours of continuing education on advertising taken within 90 days, ensure use of specialized informed consent, 2 file pulls of 3 breast thermography patients after informed consent implemented. CE hours are in addition to those required for annual renewal.

Motion: Schmidt moved to accept the proposal; Alley, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye. Motion passed.

Case # 2024-5023

Proposal: Issue Cognitive Evaluation/Competency Order to be completed within 60 days.

Motion: Waggoner moved to accept the proposal; Warren-Johnson seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye; Warren-Johnson, aye.

Motion passed.

Case # 2024-1008

Proposal: Contingent Case Closed to include 4 hours of continuing education for charting, to be completed within 3 months, CE hours are in addition to those required for annual renewal.

Motion: O'Neill moved to accept the proposal; Baranick, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case # 2024-5028

Proposal: Notice of Proposed Discipline - Revocation with \$15,000 fine, to be paid within 90 days of a Final Order. Issue Press Release.

Motion: Baranick moved to accept the proposal; Alley, seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case # 2021-1024, 2021-1001,

Proposal: Combine 2021 cases, Issue Notice of Proposed Discipline - Revocation, \$1,000 fine to be paid in 30 days of Final Order.

Motion: Waggoner moved to accept the proposal; Alley seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case # 2020-3022

Proposal: Notice of Proposed Discipline - Revocation

Motion: Waggoner moved to accept the proposal; Schmidt seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case # 2024-5021

Proposal: Insufficient Evidence

Motion: O'Neill moved to accept the proposal; Warren-Johnson seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case # 2024-1009

Proposal: Contingent Case Closed with 2 hours continuing education in billing/coding, 2 hours continuing education in ethics, all to be taken within 90 days; CE are in addition to those required for annual renewal; Letter of Concern about taking vitals on new patients.

Motion: Baranick moved to accept; O'Neill seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case # 2024-5022

Proposal: Issue Notice of Proposed Discipline to include a \$5,000 fine to be paid in 90 days of Final Order; 6 hours of continuing education on HIPAA rules and compliance, to be taken within 90 days. CE hours are in addition to those required for annual renewal. Refer case to CMS.

Motion: Schmidt moved to accept; Warren-Johnson seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case # 2024-1010

Proposal: Insufficient Evidence with Letter of Concern about proper billing and use of previous title.

Motion: Baranick moved to accept; Alley seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case: 2025-5001

Proposal: Issue Notice of Proposed Discipline - Revocation; \$320,000 fine to be paid in 90 days of Final Order.

Motion: Alley moved to accept; Schmidt seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case: 2024-5027

Proposal: Issue Notice of Civil Penalty with a fine of \$1,950.

Motion: Alley moved to accept; Warren-Johnson seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

Case: 2024-1015

Proposal: No Statutory Violation

Motion: Fuller moved to accept; Baranick seconded.

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Warren-Johnson, aye; Waggoner, aye.

Motion passed.

EXECUTIVE SESSION
Meeting Adjourned 5:00pm

Prepared by Christa Haskell, Operations Specialist on 06/08/2025



July 2025 Board Meeting

Section 3 – Executive Director Report

**Executive Staff Report
July 2025 Board meeting**

To: Board of Chiropractic Examiners
From: Cass McLeod-Skinner, Executive Director

**Board Meeting details: July 23-24, 2025
Virtual**

2023-25 Budget

As of the end of May, we have an estimated ending cash balance of \$297,892.09 which translates into approximately 2.72 months of expenditure reserve.

2025-27 Budget

We await the official signing of our budget bill, SB 5507, but anticipate no hold ups. The bill establishes \$2,475,586 in expenditure for the 2025-27 biennium.

Welcome, Dr. Mike Milanovich!

As Dr. Alley’s second term came to an end on May 31, I am pleased to announce the appointment of Dr. Mike Milanovich as our newest board member. Welcome, Mike!

Welcome, Christa Haskell!

After a record number of initial applicants (667!), we are so excited that Christa Haskell has joined us as our Operations Specialist/Administrative Specialist 2. Since her first day on May 15, she has jumped in with both feet and has gotten our Accounts Receivable reporting up to date, created our Rulemaking website page to align with the Governor’s Expectations, and is actively engaged with InLumon, among so many other accomplishments. Welcome, Christa, we are so happy you’re here!

InLumon Updates

Christa will provide us an update.

November Introduction to the Board Meeting dates

We’re looking for Board Member participation at the next Introduction to the Board meeting and a final date, with possible dates being Wednesday, Nov. 5 or Wednesday, Nov. 19.

2025 Board Meeting Dates

October 22-23 - virtual

Current Licensee Statistics

Licensee Types	05/25	06/24	07/24	08/24	09/24	10/24	11/24	12/24	01/25	02/25	07/25
DC - Active	1126	1224	1231	1238	1244	1252	1279	1274	1282	1298	1282
DC - Inactive	217	215	216	220	211	216	215	217	220	222	217
DC - Senior	405	405	403	401	399	399	396	375	367	385	375
DC - Initial	68	63	58	50	46	40	29	20	15	12	22

Executive Staff Report July 2025 Board meeting

DC Total	1816	1907	1908	1909	1900	1907	1919	1886	1884	1917	1896
CA - Initial	564	379	339	314	217	172	128	103	83	82	225
CA - Renewing	1141	1350	1407	1437	1470	1513	1569	1586	1618	1621	1164
CA Total	1705	1729	1746	1751	1687	1685	1697	1689	1701	1703	1389
TOTAL	3521	3636	3654	3660	3587	3592	3616	3575	3585	3620	3285

* Includes Senior and Initial DCs.

AGENCY 811 - Board of Chiropractic Examiners

2023-25 Budget to Actuals Summary Report

OPERATING OTHER FUNDS	Legislatively Adopted Budget (LAB)	2023-25 Revenue & Expenditures		Projections	Difference between LAB Budget and Projections
		Actuals as of Month End	% Earned/Spent		
\$ 2,661,824.00					
Beginning Balance:					
AY Beginning Balance	\$ 798,574	\$ 548,975	N/A		N/A
Revenue:					
Revenue less Transfers out	\$ 2,146,440	\$ 2,998,340	140%	\$ 2,560,959	\$ (414,519)
Expenditures:					
Personal Services	\$ 1,587,893	\$ 1,438,247	91%	#REF!	#REF!
Services and Supplies	\$ 1,073,931	\$ 910,156	85%	#REF!	#REF!
Other Expenditures	\$ -	\$ 82,353	0%	\$ 82,353	\$ (82,353)
Total Expenditures	\$ 2,661,824	\$ 2,430,756	91%	#REF!	#REF!
Adjust for Accrued Accounts Receivable		\$ 186,229		\$ 186,229	
Net Ending Cash	\$ 283,190	\$ 1,302,787		Net Position	#REF!
				(Projected AY Ending Cash)	#REF!

**BOARD OF CHIROPRACTIC EXAMINERS
2023-25 CASH FLOW**

Actuals = Highlighted

	2023 JUL Actuals	2023 AUG Actuals	2023 SEP Actuals	2023 OCT Actuals	2023 NOV Actuals	2023 DEC Actuals	2024 JAN Actuals	2024 FEB Actuals	2024 MAR Actuals	2024 APR Actuals	2024 MAY Actuals	2024 JUN Actuals	2024 Mo. 13 Actuals	2024 JUL Actuals	2024 AUG Actuals	2024 SEP Actuals	2024 OCT Actuals	2024 NOV Actuals	2024 DEC Actuals	2025 JAN Actuals	2025 FEB Actuals	2025 MAR Actuals	2025 APR Actuals	2025 MAY Actuals	2025 JUN Projections	2025 Mo. 13 Projections	ACTUALS BIENNIIUM TO DATE	ACTUALS + PROJECTIONS	AY25 LAB	PROJECTION TO FIN PLAN (over/under)		
Beginning Cash Balance	548,974.58	554,284.03	509,619.48	460,837.77	390,804.33	384,199.44	521,155.08	594,769.42	593,847.69	532,227.72	512,291.12	534,750.69	467,773.35	380,887.43	457,281.88	459,578.40	476,834.63	386,354.48	415,708.07	509,401.50	488,155.58	476,622.49	471,855.81	482,167.42	567,583.30	#REF!	#REF!	548,974.58	548,974.58	798,574.00		
REVENUE																																
0205 OTHER BUSINESS LICENSES	1,325.00	725.00	725.00	2,600.00	2,700.00	1,550.00	2,275.00	1,100.00	425.00	1,575.00	3,135.00	2,320.00	25.00	3,535.00	2,390.00	2,501.00	2,860.00	2,450.00	1,925.99	1,425.00	375.00	581.00	1,050.00	2,000.00	2,400.00		41,572.99	43,972.99	42,532.00	(1,440.99)		
0210 OTHER NONBUSINESS LIC & FEES	64,947.50	49,283.75	26,625.00	98,730.25	113,206.25	54,138.00	132,562.00	64,925.00	61,021.75	87,989.25	96,086.00	72,797.50	15,024.75	79,590.50	78,342.25	81,951.75	102,709.25	102,421.55	110,670.70	97,637.35	88,576.00	95,520.20	92,339.80	136,277.60	101,500.00		2,003,373.95	2,104,873.95	1,886,980.00	(217,893.95)		
0410 CHARGES FOR SERVICES	5.00	0.38	210.19	-	120.00	5.00	15.00	15.00	5.00	5.00	5.00	5.00	(5.00)	15.00	-	-	-	-	-	-	-	-	-	-	18.84		395.57	414.41	1,640.00	1,225.59		
0505 FINES AND FORFEITS	660.00	100.00	-	110.00	170.130.02	13,777.45	1,966.63	10,100.00	6,635.40	1,100.00	4,600.00	6,035.35	(61,935.35)	67,035.35	30,477.50	12,152.50	13,600.00	100.00	86,665.70	3,130.00	3,154.55	8,310.57	4,905.35	20,120.82	13,040.00		396,996.49	410,036.49	226,888.00	(163,148.49)		
0705 OTHER SALES INCOME	434.00	304.00	178.00	572.00	596.00	276.00	738.00	376.00	312.00	484.00	516.00	1,454.20	80.00	400.00	430.00	440.00	536.00	404.00	1,245.83	422.00	342.00	310.00	356.00	472.00	435.00		11,738.03	12,173.03	-	(12,173.03)		
0975 OTHER REVENUE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	
TOTAL REVENUE	67,371.50	50,413.13	27,738.19	102,012.25	116,722.25	226,099.02	149,367.45	68,382.63	71,863.75	96,688.65	100,837.00	81,176.70	(46,810.60)	150,575.85	111,639.75	97,045.25	119,705.25	105,376.55	200,508.22	102,614.35	92,447.55	104,781.77	98,651.15	158,870.42	117,393.84	-	2,454,077.03	2,571,470.87	2,158,040.00	(413,430.87)		
REVENUE TRANSFER OUT																																
2443 TRANSFER OUT TO OHA	-	-	-	-	-	-	-	-	-	-	-	-	(4,712.00)	-	-	-	-	-	-	-	-	-	-	-	(5,800.00)	-	(4,712.00)	(10,512.00)	(11,600.00)	(1,088.00)		
TOTAL TRANSFERS													(4,712.00)												(5,800.00)	-	(4,712.00)	(10,512.00)	(11,600.00)	(1,088.00)		
AVAILABLE REVENUE	67,371.50	50,413.13	27,738.19	102,012.25	116,722.25	226,099.02	149,367.45	68,382.63	71,863.75	96,688.65	100,837.00	81,176.70	(42,098.60)	150,575.85	111,639.75	97,045.25	119,705.25	105,376.55	200,508.22	102,614.35	92,447.55	104,781.77	98,651.15	158,870.42	111,393.84	-	2,998,339.61	3,109,933.45	2,945,014.00	(164,919.45)		
PERSONAL SERVICES																																
3110 REGULAR EMPLOYEES	35,065.12	44,006.28	35,601.56	34,950.37	35,354.07	38,062.30	37,621.39	37,710.42	37,967.67	37,597.31	40,084.38	40,215.62	-	42,286.43	40,818.72	40,747.76	40,729.25	41,118.23	40,676.74	41,090.91	37,935.09	38,029.59	37,654.65	41,298.07	#REF!	#REF!	896,621.93	#REF!	1,021,541.00	#REF!		
3115 BOARD MEMBER STIPENDS	-	2,400.00	-	3,400.00	200.00	2,000.00	5,200.00	1,400.00	4,900.00	-	5,200.00	-	-	3,600.00	-	3,600.00	200.00	-	3,600.00	1,000.00	2,400.00	-	3,600.00	-	#REF!	#REF!	41,800.00	#REF!	40,000.00	#REF!		
3160 TEMPORARY APPOINTMENTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,226.60	2,137.88	791.80	-	#REF!	#REF!	6,156.26	#REF!	-	#REF!		
3170 OVERTIME PAYMENTS	591.36	719.34	2,494.72	937.26	-	440.81	236.22	107.96	157.44	236.22	157.48	78.74	-	-	236.22	157.44	78.74	-	-	167.76	2,521.14	-	-	-	#REF!	#REF!	9,318.85	#REF!	-	#REF!		
3180 SHIFT DIFFERENTIAL	-	2.00	3.00	-	1.50	1.50	1.50	1.50	4.50	1.50	-	-	-	-	-	-	-	-	1.50	-	-	-	-	-	#REF!	#REF!	15.50	#REF!	482.00	#REF!		
3190 ALL OTHER DIFFERENTIAL	811.76	743.64	1,119.23	696.74	696.74	742.01	753.88	757.17	757.17	757.17	873.25	890.68	-	949.08	919.89	919.87	919.85	919.91	919.91	898.28	695.64	695.68	695.69	695.70	#REF!	#REF!	18,828.97	#REF!	23,271.00	#REF!		
3210 ERB ASSESSMENT	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	-	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	#REF!	#REF!	251.85	#REF!	304.00	#REF!		
3220 PUBLIC EMPLOYEES' RETIREM	6,666.42	8,312.20	7,169.17	6,887.66	6,593.09	7,174.32	7,066.57	7,051.64	7,108.52	7,054.41	7,515.86	7,528.65	3,363.56	7,673.03	7,645.85	7,627.89	7,684.86	7,603.89	8,111.31	7,682.20	7,469.80	7,155.21	7,676.48	#REF!	#REF!	173,525.87	#REF!	162,506.00	#REF!			
3221 PENSION BOND CONTRIBUTION	2,042.25	2,546.43	2,196.26	2,048.75	1,731.25	1,853.87	1,855.58	1,851.65	1,866.59	1,852.38	1,973.55	1,976.91	-	2,075.34	2,014.82	2,007.63	2,002.96	2,017.93	1,996.67	2,129.92	2,017.22	1,961.46	1,878.85	#REF!	#REF!	45,944.00	#REF!	47,142.00	#REF!			
3230 SOCIAL SECURITY TAX	2,719.64	3,644.52	2,982.68	3,041.25	2,756.92	3,131.54	3,331.25	3,034.29	3,257.04	2,928.35	3,519.30	3,126.81	-	3,559.08	3,187.27	3,451.20	3,429.05	3,183.65	3,191.74	3,453.02	3,370.03	3,097.54	3,241.26	3,180.55	#REF!	#REF!	73,817.98	#REF!	71,155.00	#REF!		
3240 UNEMPLOYMENT ASSESSMENT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18.83	27.66	14.22	4.23	#REF!	#REF!	64.94	#REF!	64.94	(64.94)		
3242 PAID FAMILY MEDICAL LEAVE INS	142.20	190.56	155.95	159.02	144.15	163.75	174.17	158.66	170.30	153.12	184.01	163.49	-	186.10	166.66	180.45	166.47	166.88	179.29	171.15	162.36	152.49	166.66	#REF!	#REF!	3,824.20	#REF!	3,627.00	#REF!			
3250 WORKERS' COMPENSATION	9.31	8.91	9.02	8.64	8.22	8.86	7.92	8.17	8.66	8.23	8.54	8.49	-	9.01	7.83	9.39	8.02	6.63	8.46	8.03	7.39	7.73	6.68	7.51	#REF!	#REF!	190.65	#REF!	264.00	#REF!		
3260 MASS TRANSIT	214.66	272.81	235.27	219.50	216.30	235.45	231.65	231.43	233.29	231.52	246.66	247.09	-	259.37	251.82	250.92	250.34	252.21	249.56	252.90	245.14	245.14	234.85	#REF!	#REF!	5,566.81	#REF!	5,127.00	#REF!			
3270 FLEXIBLE BENEFITS	6,450.91	6,755.29	6,603.10	6,603.10	6,603.10	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	-	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	6,969.68	#REF!	#REF!	162,302.63	#REF!	227,700.00	#REF!		
3280 OTHER PAYROLL EXPENSES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.71	6.91	3.55	1.06	#REF!	#REF!	16.23	#REF!	(15,226.00)	(16.23)		
3455 VACANCY SAVINGS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#REF!	#REF!	-	#REF!	-	0.00	
3465 RECONCILIATION ADJUST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#REF!	#REF!	-	#REF!	-	0.00	
9158 TEMPORARY EMPLOYEE TIME	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#REF!	#REF!	-	#REF!	-	0.00	
TOTAL PERSONAL SERVICES	54,724.58	69,612.93	58,580.91	58,764.24	54,316.29	60,825.04	63,460.76	59,292.03	62,511.81	57,799.34	66,743.66	61,217.11	3,363.56	67,808.82	62,256.89	65,950.94	62,147.80	62,323.26	65,955.28	64,598.51	67,596.05	61,106.75	62,257.59	65,032.82	#REF!	#REF!	1,438,246.67	#REF!	1,587,893.00	#REF!		
SERVICES AND SUPPLIES																																
4100 INSTANT TRAVEL	-	-	1,966.56	2,463.55	6,841.05	848.47	109.59	(115.37)</																								



July 2025 Board Meeting
Section 6 – Rule Hearings

811-010-0093

Guide to Policy and Practice Questions

The Board's Guide to Policy and Practice Questions, originally dated January 14, 1998, and last revised ~~November 21, 2024~~April 24, 2025, is hereby adopted.

[Publications: Publications referenced are available from the agency.]

OAR 811-010-0140

Criminal Conviction Determination Process

- (1) Prior to beginning required education or training, a person who was convicted of a crime may petition the Board for a determination as to whether a criminal conviction will prevent the person from receiving a license issued by the Board.
- (2) To be complete, a petition must include the following:
 - (a) a complete and signed determination request form;
 - (b) the required fee of \$[X];
 - (c) The following records related to the final judgment of each criminal conviction:
 - (A) a certified copy of the judgment of criminal conviction;
 - (B) any charging document(s);
 - (C) the arrest report(s); and
 - (D) probation and parole records, if they exist.
 - (d) a written statement from the petitioner regarding the facts underlying the criminal conviction, and any intervening circumstances; and
 - (e) a written statement or other document listing all criminal convictions, including dates of conviction and a summary of the facts, if the petitioner has more than one.
- (3) A separate completed petition and fee must be filed for each criminal conviction for which the petitioner is requesting a determination.
- (4) If any of the records in (3)(c) no longer exist, have been sealed or are otherwise unavailable to the petitioner, petitioner must provide evidence from the agency that held the record that the record no longer exists.
- (5) If any of the documents required under subsections (2) and (4) are not provided, petitioner will have 60 days to provide the required documents or information. Upon failure to comply, the petition will be deemed incomplete and will be closed.
- (6) The petition and the Board's determination are subject to Oregon's public records laws, and unless an exemption applies, the information in the petition and determination are subject to public disclosure.
- (7) The Board will reconsider a determination that a criminal conviction prevents the person from obtaining a license when the person submits a completed application for a license.
- (8) Upon reconsideration, the Board may rescind a previous determination that a criminal conviction does not prevent the person from obtaining a license if the applicant:
 - (a) Has allegations or charges pending in criminal court;
 - (b) Has failed to disclose a previous criminal conviction;
 - (c) Has been convicted of another crime during the period between the determination and the person's submission of a completed application for an occupational or professional license; or

(d) Has been convicted of a crime that, during the period between the determination and the person's submission of a completed application for an occupational or professional license, became subject to a change in state or federal law that prohibits licensure for an occupational or professional license because of a conviction of that crime.

(9) Failure to disclose a previous criminal conviction includes any misrepresentation or a prior criminal conviction, any concealment or failure to disclose a material fact about a prior criminal conviction, or any other misinformation regarding a prior criminal conviction.

(10) Nothing in this rule prohibits the Board from denying licensure when the person submits a completed application for a reason other than conviction of a crime.

(11) A determination under this rule is not considered a final determination of the Board.

Statutory/Other Authority:

Oregon Laws 2024, chapter 95, section 44 (SB 1552)

811-030-0011

X-Rays and Other Imaging

Staff employees of a chiropractic physician may be directed to take X-rays or other types of imaging of a patient if they are in possession of a permit or license issued by the Oregon Board of Medical Imaging, ~~but this permit is limited only to the taking of X-rays.~~

811-030-0020

Scope of Radiographic and Other Imaging in the Chiropractic Practice

(1) The radiographic diagnostic aspect of chiropractic practice shall include all standard radiographic procedures that do not conflict with ORS 684.025.

(2) All ~~radiographs-images~~ shall be of diagnostic quality. Radiographic ~~films-images~~ are subject to review by the Board to determine quality. Poor quality radiographs may result in disciplinary action.

(3) X-ray is not to be used for therapeutic purposes.

(4) Fluoroscopy shall not be used as a substitute for an initial radiographic study and shall be used only with documented clinical justification.

(5) Chiropractic physicians may order or refer patients for any diagnostic imaging study, including contrast studies using radio-opaque substances. Use of radio-opaque substances for diagnostic X-ray, other than by mouth or rectum, is not permitted.

(6) Pregnant patients shall not be radiographed unless their symptoms are of such significance that the proper treatment might be jeopardized without the use of such radiographs.

(7) All critical parts, i.e. fetus, eyes, and thyroid gland, beyond the area of primary examination, ~~shall~~ may be shielded.

811-030-0030

X-Ray Departments, Equipment, and Procedures

(1) All X-ray departments, equipment, and procedures, including fluoroscopy, shall be in compliance with the current rules and regulations of the Oregon ~~Radiation Protection Service~~ Board of Medical Imaging and Oregon Radiation Protection Services, including, but not limited to: the physical design of the department, occupational exposure, collimation, shielding, and exposure charts.

(2) In addition:

(a) The patient shall be an adequate candidate for the radiographic or fluoroscopic procedure employed;

(b) The radiographic field shall be restricted to the area of clinical interest;

(c) Specialized views shall be used any time the area of clinical interest is not clearly visualized on a standard film or image;

(d) Every exposure, including post-treatment exposures, and scanograms, shall have clinical justification with adequate documentation consistent with the patient's case history;

(e) The operator shall maintain a record on each exposure of each patient containing the patient's name, the date, the operator's name or initials, the type of exposure, and the radiation factors of time, mA, kVp and target film distance, including those exposures resulting in the necessity of repeat exposure for better diagnostic information, such as patient motion or poor technical factors. For computerized and automated systems, the recording of technique factors is not necessary as long as the equipment is calibrated and maintained. OAR 333-106-0045 requires the facility to determine the typical patient exposure for their most common radiographic examinations, i.e. technique chart.

(f) Each film or image shall be properly identified by date of exposure, location of X-ray department, patient's name or number, patient's age, right or left marker, postural position marker, and indication of the position of the patient;

(g) ~~The~~ A patient with tremors must be immobilized;

(h) The radiographs of a patient with an antalgic posture may be taken in an upright position only if the patient is adequately supported and immobilized to insure diagnostic quality. Otherwise, the recumbent position shall be used;

(i) Upright or postural views shall not be used for any patient whose size exceeds the capacity of the X-ray equipment. Penetration must be adequate on all films;

(j) Sectional views shall be taken in preference to a single 14 x 36 inch film or image if the patient's size or height prevents diagnostic quality on a single 14 x 36 inch film;

(k) If two exposures are made on a single film, the area of exposure shall be critically collimated to avoid double exposure of the overlapping area;

(l) All views shall employ graduated filtration or adequate devices to attenuate the primary beam for the purpose of reducing unnecessary radiation and to improve film quality. Split screens, gradient or graded screens, paper light barriers inside the cassette, or any other attenuating device in the beam between the patient and the film shall not be permitted, other than the grid controlling scattered radiation;

(m) A record of radiographic findings on every set of radiographs reviewed shall be included in the patient's ~~permanent medical record file~~; and

(n) Radiographs shall be kept and available for review for a minimum of seven years or until a minor becomes 18 years of age, whichever is longer.



July 2025 Board Meeting

Section 7 – Administrative Rules and Reviews and Discussion

811-010-0068

Temporary Chiropractic License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

(1) A temporary license to practice chiropractic shall be issued to the spouse or domestic partner of an active duty armed forces personnel when the following requirements are met:

- (a) A completed application and payment of fee is received by the OBCE;
- (b) Satisfactory evidence of having graduated from a school, college, institution, or university of chiropractic accredited by the Council on Chiropractic Education;
- (c) Submission of a copy of the orders assigning the active duty member to an assignment in Oregon;
- (d) The spouse or domestic partner holds a current license in another state to practice chiropractic at the level of application;
- (e) The license is unencumbered and verified as active and current through processes defined by the OBCE; and
- (f) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency, or other Board-recognized testing agency.

(2) The temporary license shall expire on the following date, whichever occurs first:

- (a) Oregon is no longer the duty station of the active armed forces member;
- (b) The license in the state used to obtain a temporary license expires; or
- (c) 13 months after the issuance of the temporary license.

(3) Temporary license holders are responsible to comply with ORS Chapter 684, OAR Chapter 811, and any other laws and rules governing the practice of chiropractic and chiropractic physicians.

(4) This temporary license is not renewable. If the dates in section (2) of this rule are exceeded and the spouse or domestic partner continues to practice in Oregon, the spouse or domestic partner must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: HB 3030(1)(2a) & SB 688(1)(2a)

History:

[BCE 6-2025, amend filed 02/04/2025, effective 02/04/2025](#)

[BCE 1-2020, adopt filed 01/22/2020, effective 01/22/2020](#)

Clarifying questions:

1. Require 36 hours for minor surgery/proctology?
2. Require background check?
3. Require Oregon specific exams?

811-015-0002

Pre-Paid and Contracted Treatment Plans

A pre-paid plan is a package of services and/or products that are purchased by patients at a reduced or discounted cost than if the services were purchased individually.

(1) Chiropractic physicians may accept pre-payment for services planned but not yet delivered only if they do so in such a way that it does not constitute the practice of insurance.

(a) "Insurance" is defined as a contract whereby one undertakes to indemnify another or pay or allow a specified or ascertainable amount or benefit upon determinable risk contingencies, pursuant to ORS 731.102.

(b) Chiropractic physicians or clinics who are certified by the Oregon Department of Insurance as Medical Retainer Plans are exempted from this section.

(c) These plans must not be in violation of OAR 811-015-0000.

(2) Pre-paid and contracted treatment plans must include the following, in writing:

(a) The total costs/fees that the patient will incur and the method and timing of payment(s);

(b) Description of what services and products are included and excluded - If nutritional products or other types of products including braces, supports, or patient aids are to be used during the proposed treatment plan, the patient's documents must state whether these items are included in the gross treatment costs or if they constitute a separate and distinct service and fee. Any additional fees must be explained to the patient in advance and noted in the chart notes;

(c) Description of the time frame which the plan covers;

(d) How special circumstances, such as extended absences, new injury, or illness are handled; and

(e) Statement that there is no claim or representation of a guarantee of results, outcome, or the cure of a particular condition.

(3) Early Termination of Care:

(a) The pre-payment plan must include a written explanation on how the unused portion of funds are calculated or prorated should the patient complete care early or discontinue care due to the patient's choice, doctor's choice, moving, new injury, or condition. The written explanation must be clearly labeled "Refund Policy" in plain language that is understood by the patient. The explanation must include a table of calculations that

illustrates the amount of refunds or amount owed in the event of the pre-paid plan's early termination.

(b) The patient may have the right to terminate the pre-paid plan at any time. In the event of early termination of a pre-paid plan by the patient, the maximum fee charged cannot exceed the chiropractic physician's usual and customary fee cash pay (including any time of service discount) for the services rendered.

(c) The chiropractic physician or clinic may terminate the pre-paid plan at any time, for good and sufficient cause, except licensee must ensure that patient abandonment does not occur. In the event of early termination of a pre-paid plan by the chiropractic physician or clinic, the maximum fee charged cannot exceed pro-rated fees as agreed upon in the pre-paid plan.

(4) Pre-paid plans must comply with all other applicable state or federal laws.

Statutory/Other Authority: ORS 684

History:

[BCE 12-2019, amend filed 10/10/2019, effective 10/10/2019](#)

[BCE 2-2013, f. & cert. ef. 8-2-13](#)

[BCE 3-2010, f. & cert. ef. 6-15-10](#)

811-015-0005

Records

(1) Failure to keep complete, accurate, and minimally competent records on all patients shall be considered unprofessional conduct.

(a) Each patient shall have exclusive records which shall be clear, legible, complete, and accurate as to allow any other chiropractic physician to understand the nature of that patient's case and to be able to follow up with the care of that patient, if necessary.

(b) Every page of chart notes will identify the patient by name and one other unique identifier (date of birth, medical record number, etc.), and the clinic of origin by name and address. Each entry will be identified by day, month, year, provider of service, and author of the record.

(c) Clear, legible, complete, accurate, and minimally competent records shall contain the following:

(A) A description of the chief complaint or primary reason the patient sought treatment from the licensee.

(B) Documentation of any significant event that affects the chief complaint of the patient or the general history of the health of the patient.

(C) An accurate record of the diagnostic and therapeutic procedures that the licensee has employed in providing chiropractic services to the patient, including, but not limited to:

(i) Height, weight, blood pressure, and pulse at initial examination. If initial examination is via telemedicine, record patient's height and weight by patient's report. Record blood pressure and pulse if patient is able to obtain remotely. Height, weight, blood pressure and pulse is recorded on subsequent visits, as clinically indicated;

(ii) Examinations and the results of those examinations;

(iii) Diagnoses;

(iv) Treatment plan, any subsequent changes to the treatment plan, and the clinical reasoning for those changes;

(v) Dates on which the licensee provided clinical services to the patient, as well as the services performed, and clinical indications for those services;

(vi) Areas of the patient's body where the licensee has provided care;

(vii) Patient's response to treatment;

(viii) Therapeutic procedures must be clearly described including information such as providers involved, timing, setting, and tools used, as appropriate.

(D) Document written informed consent has been obtained in the chart. Regarding informed consent and PARQ (Procedures, Alternatives, Risks, and Questions) requirements, refer to OAR 811-035-0005 (2)(a) and (b).

(E) Other clinically relevant correspondence, including, but not limited to: telephonic or other patient communications, referrals to other practitioners, and expert reports.

(d) A chiropractic physician shall maintain billing records for services performed for which payment is received from or billed to the patient, an insurance company, or another person or entity who has assumed the financial responsibility for the payment of services performed to the patient. Such records will be maintained for the same amount of time as other patient records. At a minimum, a billing record will include the date of the patient encounter or financial entry, a notation of the services performed either by description or code, common codes such as the AMA Current Procedural Terminology (CPT) codes may be used without additional explanation or legend, and the fee charged for the services billed. If third party payors are billed, the billing instrument (CMS 1500 form or its successor) should be retrievable. Such information may be maintained on a handwritten or printed ledger, with the assistance of a computer or other device either by direct entry or with a particular program or application, or by an alternative method. To the extent billing records do not contain patient health care records not kept elsewhere, they are not considered part of the clinical record.

(e) Such information as described in section (d) must be readily available upon request of the patient, an agent of the patient, an insurance carrier or entity responsible for the payment of the services, or by the Board or other entity with a legal right to review such information.

(2) Practitioners with dual licenses shall indicate on each patient's records under which license the services were rendered.

(3) A patient's entire health care and billing records shall be kept by the chiropractic physician a minimum of seven years from the date of last treatment. However, if a patient is a minor, the records must be maintained at least seven years from the time they turn 18 years of age.

(a) If the treating chiropractic physician is an employee or associate, the duty to maintain entire records shall be with the chiropractic business entity or chiropractic physician that employs or contracts with the treating chiropractic physician.

(b) Chiropractic physicians providing file reviews, second opinion consultations, or independent medical examinations (IME) shall be responsible for keeping an available copy of all authored reports for seven years from the date authored.

(4) If a chiropractic physician releases original radiographic films to a patient or another party, upon the patient's written request, they should create an expectation that the films will be returned, and a notation shall be made in the patient's file or in an office log where the films are located (either permanently or temporarily). If a chiropractic physician has radiographic films stored outside their clinic, a notation shall be made in the patient's file or in an office log where the films are located and the chiropractic physician must ensure those films are available for release, if requested by the patient.

(5) The responsibility for maintaining entire patient records may be transferred to another chiropractic business entity or to another chiropractic physician as part of a business ownership transfer transaction.

(6)(a) A chiropractic physician shall establish a plan for custodianship of these records in the event they are incapacitated, become deceased, are or will become unable to maintain these records pursuant to paragraph (6)(b).

(b) In the event a chiropractic physician dies or becomes incapacitated and unable to practice, and there is no other chiropractic physician associated with the practice, the deceased, incapacitated, or unavailable chiropractic physician's personal representative, guardian, administrator, conservator, next of kin, or other legal representative shall notify the Board in writing of the management arrangement for the custody and transfer of patient files and records. This individual shall ensure the security of, and access to, patient files and records by the patient or other authorized party, and must report plans or arrangements for permanent custody of patient files and records to the Board in writing within 180 days. Transfer of patient files and records must occur within one year of the death of the chiropractic physician.

(7) Except as provided for in paragraph (7)(e) of this rule, a chiropractic physician who is an independent contractor or who has an ownership interest in a chiropractic practice shall provide notice when leaving, selling, or retiring from the chiropractic office where the chiropractic physician has provided chiropractic services.

(a) Notification shall be sent to all patients who received services from the chiropractic physician during the two years immediately preceding the chiropractic physician's last date for seeing patients. This notification shall be sent no later than thirty days prior to the last date the chiropractic physician will see patients.

(b) The notice shall include all of the following:

(A) A statement that the chiropractic physician will no longer be providing chiropractic services at the practice;

(B) The date on which the chiropractic physician will cease to provide services; and

(C) Contact information that enables the patient to obtain the patient's records.

(c) The notice shall be sent in one of the following ways:

(A) A letter sent through the US Postal Service to the last known address of the patient with the date of the mailing of the letter documented, or

(B) A secure electronic message.

(d) In the event of an illness, unforeseen emergency, incarceration, or other unanticipated incident, a chiropractic physician is unable to provide a thirty day notice as required by paragraph (7)(a) of this rule, the chiropractic physician shall provide such notice within thirty days after it is determined that the physician will not be returning to practice.

(e) Paragraph (7) of this rule does not apply to the chiropractic physician who is departing as an employee of another Oregon licensed chiropractic physician. It is the employer's responsibility to maintain continuity of care, or to comply with this rule, if patient care will be terminated upon an employee's leaving employment or retiring.

(8) Disposal of records shall be completed by a process that results in permanent destruction of the records and shall be compliant with all state and federal law.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155

History:

[BCE 10-2020, amend filed 11/23/2020, effective 11/23/2020](#)

[BCE 7-2020, amend filed 08/12/2020, effective 08/12/2020](#)

[BCE 1-2020, amend filed 01/22/2020, effective 01/22/2020](#)

[BCE 12-2019, amend filed 10/10/2019, effective 10/10/2019](#)

[BCE 11-2018, amend filed 10/09/2018, effective 10/10/2018](#)

[BCE 2-2015, f. & cert. ef. 4-10-15](#)

[BCE 6-2014, f. & cert. ef. 9-5-14](#)

[BCE 3-2014, f. & cert. ef. 8-7-14](#)

[BCE 5-2013, f. & cert. ef. 11-27-13](#)

[BCE 2-2006, f. & cert. ef. 2-9-06](#)

[BCE 3-2000, f. cert. ef. 8-23-00](#)

[CE 4-1997, f. & cert. ef. 11-3-97](#)

CE 5-1995, f. & cert. ef. 12-6-95

2CE 1-1978, f. 6-16-78, cert. ef. 7-1-78

[Please use this link to bookmark or link to this rule.](#)

811-015-0006

Disclosure of Records

(1) A chiropractic physician shall make available, within a reasonable time not to exceed 30 days, to a patient or a third party upon the patient's written request, copies or summaries of medical records and originals or copies of the patient's X-rays.

(a) The medical records do not necessarily include the personal office notes of the chiropractic physician or personal communications between a referring and consulting physician relating to the patient.

(b) The chiropractic physician shall preserve a patient's medical records from disclosure and will release them only on a patient's written consent stating to whom the records are being released or as required by state or federal law.

(2) The chiropractic physician or clinic may establish a reasonable charge to the patient for the costs incurred in providing the patient with copies of any portion of the medical records. A patient shall not be denied summaries or copies of their medical records or X-rays because of inability to pay or financial indebtedness to the chiropractic physician or clinic.

(3) Whenever the Board asks a chiropractic physician for a response to a complaint or an investigation:

(a) The chiropractic physician shall make available to the Board all requested patient file information, including but not limited to: chart notes, billing records, X-rays, correspondence, reports, and any and all relevant information.

(b) The requested patient file information shall be made available within 14 days of receipt of the Board's request unless the Board or the Board's representative determines that immediate availability of the requested records is necessary for the Board's investigation. Additional response time may be granted by the Board or its representative upon a reasonable request.

(c) The chiropractic physician must certify that all of the requested records have been provided unless clear and compelling reasons are presented for failure to do so. Any documents not provided within the specified time must be identified along with the reasons. Failure to provide records to the Board within the time period specified by this rule for the purpose of responding to a complaint or an investigation is a violation of OAR 811-035-0015(19).

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155 & 791 (SB 235)

History:

[BCE 12-2019, amend filed 10/10/2019, effective 10/10/2019](#)

BCE 1-2001, f. 1-31-01, cert. ef. 2-1-01

CE 1-1995, f. & cert. ef. 10-30-95

CE 2-1987, f. 8-14-87, ef. 9-1-87

2CE 2-1984, f. 8-14-84, ef. 9-1-84

811-015-0010

Clinical Justification and Standard of Care

An Oregon licensed chiropractic physician provides care for many conditions using a variety of therapeutic procedures, including but not limited to chiropractic adjustment and manipulation. There is one standard of care for all patients, irrespective of the condition, service, or advice provided. All chiropractic physicians licensed under ORS chapter 684 are subject to the following:

(1) Clinical justification, within accepted standards and understood by a group of peers, must be shown for all opinions, diagnostic, and therapeutic procedures. The singular accepted standard of care includes obtaining a history that informs the examination, conducting an examination that informs the diagnosis, and using the diagnosis to inform the management plan which includes relevant outcome markers.

(2) “Accepted standards” means skills and treatment which are recognized as being reasonable, prudent, and acceptable under similar conditions and circumstances.

(3) For neuro-musculoskeletal conditions, all initial and subsequent examinations performed by a chiropractic physician to determine the need for treatment shall include a functional chiropractic analysis. Some combination of at least two of the following PARTS exam constitutes a functional chiropractic analysis:

P — Location, quality, and intensity of pain or tenderness produced by palpation and pressure over specific structures and soft tissues;

A — Asymmetry of sectional or segmental components identified by static palpation;

R — The decrease or loss of specific movements (active, passive, and accessory);

T — Tone, texture, and temperature change in specific soft tissues identified through palpation;

S — Use of special tests or procedures.

(4) Chiropractic physicians shall treat their patients as often as necessary to allow for favorable progress. Evidence-based outcomes management shall determine whether the frequency and duration of curative chiropractic treatment is, has been, or continues to be necessary. Outcomes management shall include both subjective, or patient-driven, information as well as objective, provider-driven, information. In addition, treatment of neuro-musculoskeletal conditions outside of the Oregon Practices and Utilization Guidelines may be considered contrary to accepted standards. Chiropractic physicians

treating outside of the Practices and Utilization Guidelines bear the burden of proof to show that the treatment, or lack thereof, is clinically justified.

(5) Copies of any independent examination report must be made available to the patient, the patient's attorney, the treating doctor, and the attending physician at the time the report is made available to the initial requesting party.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155

History:

[BCE 1-2020, amend filed 01/22/2020, effective 01/22/2020](#)

[BCE 1-2007, f. & cert. ef. 11-30-07](#)

BCE 1-2005, f. 1-28-04, cert. ef. 2-1-05

BCE 2-2003, f. & cert. ef. 12-11-03

CE 1-1995, f. & cert. ef. 10-30-95

2CE 1-1978, f. 6-16-78, ef. 7-1-78

811-015-0011**Minor Consent Rule**

(1) Treatment to minor patients without consent of a parent or guardian can occur in the following circumstances:

(a) A minor, 15 years of age or older, may give consent to treatment and diagnosis by a chiropractic physician licensed under ORS chapter 684.

(b) A minor, 15 years of age or older, may give consent to treatment as supervised and diagnosed by a chiropractic physician and provided by a certified chiropractic assistant. The certified chiropractic assistant is limited to the scope of practice as stated in OAR 811-010-0110.

(2) It may be considered unprofessional conduct if a chiropractic physician or certified chiropractic assistant treats a minor without following applicable rules and laws.

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.092

History:

[BCE 2-2022, adopt filed 04/05/2022, effective 04/05/2022](#)

811-015-0025

Continuing Chiropractic Education

(1) Continuing chiropractic education (CE) is to improve the competence and skills of Oregon chiropractic licensees, and to help assure the Oregon public of the continued competence of these licensees within the statutory scope of practice.

(2) In order to renew a license or certificate, each licensee shall complete an affidavit attesting to successful completion of education per their license or certificate status.

(a) Chiropractic physician first year initial status – 8 hours which must include the following:

(A) Over-the-counter, non-prescriptive substances – 4 hours;

(B) Evidence-based medicine – 2 hours;

(C) Cultural competency – 1 hour;

(D) Suicide intervention training – 1 hour;

(b) Chiropractic physician second year active status – 20 hours which must include the following:

(A) Pain Management Education – 7 hours (6 accredited hours in pain management, palliative care, and end of life care or a combination of both, and 1 hour of pain management module through the Pain Management Commission);

(B) Cultural competency – 2 hours;

(C) Suicide intervention training – 1 hour;

(D) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(E) General continuing education – 10 hours;

(c) Chiropractic physician active status - 20 hours which must include the following:

(A) Cultural competency – 2 hours;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 17 hours;

(d) Chiropractic physician senior active status – 6 hours which must include the following;

(A) Cultural competency – 1 hour;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 4 hours;

(e) Chiropractic assistant – 6 hours which must include the following:

(A) Cultural competency – 1 hour;

(B) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(C) General continuing education – 5 hours.

(f) The Board may require additional specific courses as part of a licensee's annual renewal hours for an upcoming license or certificate period.

(3) Continuing education course or activity hours must be completed during the preceding license or certification period. A licensee may not claim more than 20 hours of continuing education completed in one 24-hour period. Courses shall not be taken simultaneously. Each licensee shall maintain records to support the attestation of completed hours.

(4) Courses or activities determined by licensees to meet the criteria herein are presumed to be approved until or unless specifically disapproved by the Board. Licensees will be informed of any disapproved courses in a timely manner.

(5) Any chiropractic physician who is also actively licensed in a healthcare profession with prescriptive rights is exempt from the over-the-counter, non-prescriptive substances requirements.

(6) Any chiropractic physician changing license status from inactive to active or senior active shall take the required hours referenced in section (2). It shall be within the Board's discretion to determine, on a case-by-case basis, the required continuing education based on the time away from active status.

(7) Approved continuing chiropractic education shall be obtained from courses or activities which meet the following criteria:

(a) They do not misrepresent or mislead;

(b) They are presented by a chiropractic physician, licensed here or in another state, other appropriate health care provider, or other qualified person;

(c) They exclude practice-building subjects and the primary purpose of the program may not be to sell or promote a commercial product. However, the mere mention of practice-building concepts shall not disqualify a program's eligibility for CE credit.

(d) The material covered shall pertain to the practice of chiropractic in Oregon or be related to the licensee's specific practice;

(e) Continuing education hours for Board activities must assist in assuring the competence and skills of the licensee; and

(f) Shall be quality courses or activities adequately supported by evidence or rationale as determined by the Board.

(8) The Board may accept a maximum of 6 credit hours from each of the following categories:

(a) Being an original author of an article, published in a peer reviewed journal, given in the year of publication;

(b) Participation in a formal protocol writing process associated with an accredited health care institution or state or government health care agency;

(c) Participation as an OBCE board member or on an OBCE committee;

(d) Participation in a research project, approved by the Board, related to chiropractic health care directed by an educational institution or other qualified chiropractic organization;

(e) Teaching courses at an accredited health care institution;

(f) Teaching chiropractic continuing education courses;

(g) Professionally licensed staff of the OBCE; and

(h) Professionally licensed non-board member attending public OBCE board meetings. Each meeting, the attendee will be given a maximum of 2 hours.

(9) The Board may accept a maximum of 12 credit hours from each of the following categories:

- (a) Participation on a National Board of Chiropractic Examiners' (NBCE) examination; or
- (b) NBCE test writing committee.

(10) The Board may accept credit hours from courses, seminars, or other activities. Completion of other activities as chiropractic continuing education is defined as follows:

- (a) Continuing medical education (CME);
- (b) Video or pre-recorded continuing education courses or seminars, unless specifically required by the Board to be taken in person;
- (c) Successful completion of online or in-person college courses related to chiropractic health care taught at an educational institution; and
- (d) BLS/CPR/AED courses.

(11) All licensees are required to keep full, accurate, and complete records:

- (a) A verification of attendance for all CE courses or activities showing hours claimed for renewal credit, and or proof of completion signed by the sponsor and licensee.
- (b) Video or pre-recorded courses shall be supported through record-keeping with a letter, memo, or on a form provided by the Board, that includes the dates and times, vendor's or presenter's name/s, total hours claimed for each course, location, and includes the following statement: "I swear or affirm that I viewed or listened to these continuing education courses in their entirety on the dates and times specified in this report."
- (c) A copy of a published article including the date of publication;
- (d) A written record of hours in clinical protocol development and research projects. The record shall include the names and addresses of the institutions involved, name of supervisors, and their signatures verifying hours.
- (e) For licensees claiming CE hours under the provisions of (8)(d), for participation on a Board committee, or assisting with a National Board of Chiropractic Examiners' (NBCE) examination or NBCE test writing committee, certification from the Board or NBCE.
- (f) For licensees claiming CE hours under the provisions of (8)(f), a record of employment by health care institutions, signed by their supervisor, a copy of the course syllabus if applicable, and verification of hours.
- (g) For licensees claiming CE hours under the provisions of (8)(g), licensee shall obtain and keep verification of the course taught including, the dates of the course, a syllabus and the sponsoring organization.

(12) The Board will generate a random computer list of a minimum of 10% or up to 100% of renewing licensees, who will have their CE records audited and reviewed to ensure compliance with this rule. Licensees shall respond to this request within 30 days by supplying the Board with verification of their CE courses or activities.

(13) Any licensee who has submitted inadequate, insufficient, or deficient CE records or who otherwise appears to be in noncompliance with the requirements of this rule will be given written notice by the Board and will have 30 days from the date of notice to submit additional documentation, information or written explanation to the Board establishing the licensee's compliance with this rule. The Board may issue civil citations for noncompliance of this rule.

(14) At its discretion, the Board may audit, by attendance, the content of any program in order to verify the content thereof. Denial of an audit is grounds for disapproval.

(15) Any licensee seeking a hardship waiver from their continuing education requirements shall apply to the Board, in writing, as soon as possible after the hardship is identified and prior to the close of licensure for that year. Specific details of the hardship must be included. In order to approve an application for a hardship waiver, the Board, within its discretion, must find that such hardship exists.

(16) The Board shall maintain and make available, through its web page and electronic communications to licensees, a list of disapproved courses, if any. The Board may disapprove a course or CE activity after giving the sponsor and/or licensees the opportunity to provide additional information of compliance with the criteria contained in this rule, and opportunity for contested case hearing under the provisions of ORS 183.341, if requested. Any CE sponsor or licensee may request the Board to review any previously disapproved course at any time.

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.092

History:

[BCE 11-2025, amend filed 04/25/2025, effective 04/25/2025](#)

[BCE 1-2024, minor correction filed 01/19/2024, effective 01/19/2024](#)

[BCE 11-2023, amend filed 12/06/2023, effective 12/06/2023](#)

[BCE 6-2022, amend filed 09/26/2022, effective 09/26/2022](#)

[BCE 5-2022, amend filed 05/24/2022, effective 05/24/2022](#)

[BCE 3-2022, amend filed 04/05/2022, effective 04/05/2022](#)

[BCE 16-2021, amend filed 11/29/2021, effective 11/29/2021](#)

[BCE 11-2021, minor correction filed 07/27/2021, effective 07/27/2021](#)

[BCE 9-2021, amend filed 07/26/2021, effective 07/26/2021](#)
[BCE 3-2020, amend filed 03/30/2020, effective 03/30/2020](#)
[BCE 12-2019, amend filed 10/10/2019, effective 10/10/2019](#)
[BCE 5-2017, amend filed 10/20/2017, effective 11/01/2017](#)
[BCE 3-2008, f. & cert. ef. 12-23-08](#)
[BCE 1-2007, f. & cert. ef. 11-30-07](#)
BCE 1-2002, f. & cert. ef. 2-6-02
BCE 3-2000, cert. ef. 8-23-00
CE 4-1997, f. & cert. ef. 11-3-97
CE 1-1997, f. & cert. ef. 3-4-97
CE 4-1996(Temp), f. & cert. ef. 9-27-96
CE 1-1996, f. & cert. ef. 2-28-96
2CE 5-1985, f. 11-13-85, ef. 12-1-85
2CE 1-1984, f. 7-16-84, ef. 8-1-84
2CE 1-1978, f. 6-16-78, ef. 7-1-78



July 2025 Board Meeting

Section 8 – Recognized Chiropractic Specialty Program (RCSP) Presentation

RCSP Summary for Licensing Boards

Netting and Oversight of Specialty Program Providers

A Specialty Program Provider (a college, or vendor, or some other educational entity) completes an online application. It's a lengthy process. Basically, that application requires them to submit samples of their educational materials-instructor CV, program syllabus and objectives, supplemental materials, subject matter relevance, tec., as well as demonstrate that they are financially, legally, and administratively able and willing to run a sound program.

That application is reviewed by members of our RCSP Committee. That committee is composed of current and retired regulators appointed by our board.

Those committee members look through the materials, ask questions, and make requests for changes they may require prior to RCSP recognition.

After the committee is satisfied with an application, a recommendation is submitted to the FCLB board. The board votes on whether or not to grant RCSP recognition.

It's a relatively long and thorough process.

Once a Specialty Program Provider earns RCSP recognition, the RCSP committee may conduct random audits on recognized providers. RCSP also will request program evaluations and watch those for any red flags and may conduct future audits.

Overview for Licensing Boards

Once your board decides to allow RCSP programs, you make RCSP an authorized agency for delegating Special Program review to. Not all of your Specialty Program providers will want to go through RCSP. For example, maybe they are already a recognized provider in certain states and don't need RCSP recognition, that's fine. Delegating the review to RCSP is similar to delegating your background checks or testing- you're using a recognized and trusted expert to handle processes that your board may not have a lot of resources to handle. Many boards are under-staffed, under-funded, and overworked. And if you've got a volunteer board member reviewing Specialty Programs, he or she is likely stretched for time and simply can't be a subject matter expert in everything.

So, if you delegate Specialty Program review to RCSP, any RCSP Specialty Program that meets both your scope of practice and specialty program requirements is automatically approved for Specialty Program recognition in your state. For example, if animal chiropractic isn't allowed in your state's scope, then RCSP Specialty Program providers of animal chiropractic aren't eligible for Specialty Program recognition in your state- despite being RCSP approved. The RCSP website will contain a list of all RCSP recognized providers for verification purposes for regulatory boards.

The fundamental purpose of the program is to save licensing boards time and money and offer expert oversight. Without RCSP, the boards will continue duplicating each other's work. It just make sense to streamline it.

How do boards accept RCSP?



Streamlining Chiropractic Specialty Program Recognition

In an effort to assist member boards in adapting their legal language to utilize the FCLB RCSP program, the Federation has developed suggestions for boards to review with their legal counsel. It is hoped that most boards will be able to promulgate Rules without needing to make changes in the Statute. This suggested model allows boards to continue to approve specialty program providers like they may do currently, while ALSO recognizing the RCSP program providers.

RECOMMENDED STATUTE:

Section _____. Delegated Authority.

- (A) The Board shall have the authority to control and regulate the practice of Chiropractic in [Name of Jurisdiction] including, but not limited to, the following:
- (1) Determining standards for recognizing and approving organizations that bestow /award recognition of advanced or specialty certification as a prerequisite of and condition to use by licensee of such designation.

Section _____. Advertising and Promotional Materials

- (A) For purposes of advertising and representing to the public through any means, including promotional materials to patients or intended to induce prospective patients to engage in professional services, Chiropractors may accurately indicate their status as duly licensed by the Board. Chiropractors are prohibited from advertising, representing or using promotional materials of any type that are false, misleading, and deceptive or could be misleading to the public, including advertisements and materials intended to induce patients and prospective patients to engage in professional services. Chiropractors are prohibited from referring to themselves as a specialist, board certified, diplomate or any other words or phrases that indicate specialization, board certification or other advanced recognition, unless the issuer of such credential is approved by the Board under this section ___ and duly promulgated regulation hereunder.
- (B) The Board shall promulgate regulations addressing the criteria for any individuals, entities or organizations seeking recognition as a Board approved or recognized specialty or board certification entity, including the materials submitted to substantiate eligibility consistent with the below criteria. At a minimum, the criteria shall include the following:
- a. Verification of participant attendance;
 - b. Credible and verified relevance of content, including a sufficient number of education and experiential hours;
 - c. Credible assessment mechanism(s) to ensure competence in the field;

- d. Adequate faculty or other methods of delivery of content; and
- e. Adequate financial resources to implement and sustain the above criteria;
- f. Additional criteria reasonably determined necessary by the Board to carry out the intent of this statute.

(C) The Board shall promulgate regulations addressing the application and renewal processes for organizations seeking recognition as a Board approved specialty or board certification entity, including the materials submitted to substantiate initial eligibility and continued compliance with the above criteria. At a minimum, the application and renewal process shall include the following:

- a. Application forms;
- b. Documentation substantiating compliance with criteria in subsection (B) above;
- c. Relevant application fees not to exceed \$_____;
- d. Renewal forms, such renewal to occur at least on a biennial basis;
- e. Documentation substantiating continued compliance with criteria in subsection (B) above;
- f. Relevant renewal application fees not to exceed \$___ on a biennial basis.
- g. Such other processes reasonably determined necessary by the Board to carry out the intent of this statute.

The Board decision as to meeting qualifications and renewal of recognition or approval shall be final and not subject to an administrative appeal.

RECOMMENDED RULE:

Pursuant to Article ___ Section ____, Delegation of Application Process

The Board may employ, cooperate, and contract the task of identifying chiropractic specialty program providers acceptable to the RCSP-Recognized Chiropractic Specialty Program (RCSP), or other approved entity, as satisfying the requirements of the Board for purposes of the specialty program recognition process. Pursuant to the legislative authority granted to the board, the Board hereby recognizes the requirements adopted from time to time of the Federation of Chiropractic Licensing Boards Recognized Chiropractic Specialty Program (FCLB RCSP) as the requirements of the Board. The Board, however, reserves the approval authority for all programs based on furtherance of professional development and related areas, and in the interest of the public protection objectives of the Act.

August 2023

Varies by board. It may require anything from a statute change to a board decision. Once a board has chosen to accept RCSP, they just need to notify the FCLB and we'll get them set up.

Possible Board Fears in Delegating Program Vetting to RCSP

It'll usurp board authority: Boards can't legally give away their authority. With RCSP they're just delegating a job. They're still the boss; RCSP is the worker bee.

RCSP will force boards to accept Specialty Programs that specialize in subject matter they don't want: boards still can only recognize specialty program providers that fall under the scope of practice in that state.

RCSP is costly: RCSP costs boards NOTHING

Contact

Email: jschwartzbauer@fclb.org

Phone: (970) 356-3500

RCSP Rule Language - Oklahoma

140:15-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless

the context plainly indicates otherwise:

"Act" means the Oklahoma Chiropractic Practice Act, 59 O.S. 1991, §§161.1 et seq.

"Acupuncture and/or Meridian Therapy" means a healthcare method used to prevent, diagnose and treat disease by restoring the body's balance and harmony consisting of the stimulation of various points on or within human body or interruption of the cutaneous integrity by specific needle insertion or other form of point stimulation.

"Board" means the Board of Chiropractic Examiners.

"Certificate" means a document given to a chiropractic physician by an institution, specialty council, specialty board, or Board, verifying the chiropractic physician has fulfilled the educational requirements set forth by the institution, specialty council, specialty board, or Board granting the certificate.

"Certification" means a process by which an institution, specialty council, specialty board, institution, or Board evaluates and acknowledges a chiropractic physician's successful completion of a pre-established set of requirements or criteria.

"Chiropractic physician" or "licensee" means a person who holds an original license to practice chiropractic in this state.

"Diplomate Specialty" means a postgraduate diplomate degree or certificate granted to a chiropractic physician.

"Dry Needling" means a physical intervention that uses a filiform needle to stimulate myofascial trigger points, diagnose and treat neuromuscular pain and functional movement deficits; is based on Western medical concepts; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs.

"Homeopathy" means a healthcare method used to prevent, diagnose and treat disease by homeopathic methods such as homeopathic medicines, agents, remedies and articles.

"Institution" means a school of higher education or its affiliate, regulated by a state department of education or state department of health occupation or state commission on higher education or a school accredited by an agency recognized by the United States Department of Education or the Council of Higher Education Accreditation.

"Naturopathy" means a healthcare method used to prevent, diagnose and treat disease by naturopathic methods of natural therapeutic modalities that include but are not limited to naturopathic medicines, agents, remedies and articles.

"Non-Diplomate Specialty" means a certificate that is not specifically identified as being a Diplomate that is granted to a chiropractic physician by an institution, specialty council, or specialty board.

"Recognized Chiropractic Specialty Program (RCSP)" means the Federation of Chiropractic Licensing Boards Recognized Chiropractic Specialty Program (RCSP).

"Registry" means a structured record of registration information regarding all chiropractic physicians holding themselves out as having a specialty certificate.

SUBCHAPTER 9. CHIROPRACTIC SPECIALTIES

140:15-9-1. Oversight Authority

The Board shall have practice oversight authority for all post-doctorate chiropractic specialties. No chiropractic physician shall represent to the public that he/she is a specialist in any area unless said chiropractic physician is registered with the Board. The Board shall review all post-doctorate specialty applications and shall approve those applications that meet Board requirements.

Pursuant to the legislative authority granted to the Board, the Board hereby recognizes the requirements adopted from time to time of the Federation of Chiropractic Licensing Boards' Recognized Chiropractic Specialty Program (FCLB RCSP) as requirements of the Board. The Board, however, reserves the approval authority for all programs based on furtherance of professional development and related areas, and in the interest of the public protection objectives of the Act. The Board shall maintain a registry listing all chiropractic physicians who are approved by the Board.

Highlighted is the new language we adopted to our rules. They are straight from the Model Practice Act.



July 2025 Board Meeting

Section 9 – Discussion and Action Items



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 22, 2025

Date approved/ratified:
January 22, 2025

Customer Service Standards Policy

POLICY PURPOSE

The purpose of this policy is to:

- Ensure timely, meaningful, accessible, and responsive communication with Oregon Board of Chiropractic (OBCE's) licensees, members of the public, and business partners.
- Continuously drive improvement in OBCE's ability to communicate, problem-solve, and work with our partners to get the information and resources they need from the agency.

DEFINITIONS

Customer: Any individual who interacts with OBCE, including but not limited to: licensees, certificate holders, complainants, respondents, applicants, members of the public, professional associations, credentialing organizations, law enforcement, DOJ, and others.

Customer Service: Timely, accessible, equitable, and responsive interactions between OBCE and our customers.

POLICY

OBCE will ensure that customers have timely access to meaningful information and timely responses when calling or emailing agency staff.

PROFESSIONAL WORKPLACE

OBCE shall ensure all communications are respectful, professional, and support the values and mission of Oregon state government and the Board.

INCLUSIVE CUSTOMER ACCESS

OBCE will provide inclusive customer access by complying with:

- The Americans with Disabilities Act (ADA).
- Enterprise Information Systems' (EIS) E-Government Guidance.
- OBCE will use resources, as needed, for language interpretation for individual communication (emails, phone calls, and website information).
- OBCE offers universal communication preferences for all customers by making phone, Microsoft Teams virtual rooms, email, and webform submissions available when possible.

- OBCE staff contact information is available on the website, including email (each staff member's email and the general agency email address), fax number, cell phone numbers, and OBCE's mailing address (OBCE is a fully remote agency and has no physical office space).
- Any scheduled closures deviating from OBCE's usual hours of operation will be communicated in advance, by way of voicemail, website, updates to each staff member's out of office email notification, emails to all licensees, and communication with the professional association. For unplanned closures, OBCE will update the agency's website and email licensees as to those circumstances.
- OBCE will ensure that the website will be as accessible as possible and kept up to date with relevant information. All email addresses listed on the website will be active and responded to as outlined below.

RESPONSIVENESS

OBCE employees shall, at a minimum, acknowledge receipt of voicemail and email within one business day. Employees unable to reply within this timeframe shall update their voicemail greeting and email autoreply with details about when the employee will return and an alternate contact name, phone, or email of who can help while the employee is not available, if relevant.

OBCE ensures that all paper mail is opened, routed, and acted upon timely. OBCE staff check mail at least once a week unless there is a holiday during the week.

CUSTOMER SERVICE STRATEGIES AND MONITORING IMPROVEMENT

OBCE's customer service strategies include:

- Phone calls and emails will be acknowledged within 1 business day.
- OBCE staff will update their email out of office message when out of the office for more than 4 hours a day. The message will include contact information for other OBCE staff members, if relevant.
- OBCE website will always include staff and agency contact information. The website is fully reviewed and updated at least twice per year. More immediate changes will be made as soon as practicable.
- OBCE website will be used as a major news outlet if the agency has changes to operations or service.
- OBCE will email all licensees and certificate holders if there are major changes or interruptions to business operations or processes.
- OBCE will conduct a licensee survey each year to gauge staff and communication effectiveness and get feedback on other tools and services.
- OBCE staff are in daily contact with each other. When there are requests or feedback from licensees, certificate holders, or partners, OBCE staff take those into consideration and review ways to update services and communications whenever possible.

- When out of office for 4 or more hours, OBCE staff will update their voicemail and include other contact information, if relevant.
- OBCE will look for tools to allow translation of information as needed. The OBCE currently employs staff who speak the following languages: Spanish, Japanese, and Russian.

POINT OF CONTACT AND LOCATION

OBCE's Executive Director, Cass McLeod-Skinner, is the Point of Contact for matters related to this policy and its implementation. Once finalized, this policy will be part of the OBCE's Administrative Policies and Procedures and will be available on the OBCE website.

Agency: _____ Review date: _____

All agency customer service policies must:

Define what customer service means at the agency

- Identify the agency's core customers (*page: _____*)
- Define "professional workplace communication" and agency expectations for it (*page: _____*)
- Define "customer service" and what supporting its quality means at the agency (*page: _____*)
- Describe where the agency has chosen to outline its customer service strategy (*page: _____*)
- State where the public can access the policy (if on the agency website or elsewhere) (*page: _____*)
- Provide a single point of contact for matters related to the policy (*page: _____*)

NOTES:

Provide information to support customer accessibility

- State that agency will ensure accessibility in compliance with ADA and EIS e-Government guidance (*page: _____*)
- Describe extent agency will provide alternative languages and universal communication options (*page: _____*)
- State that contact information will be updated on websites, including: (*page: _____*)
 - Phone numbers
 - Walk in service locations (with address(es))
 - Mailing address(es)
 - Operating hours
 - Instructions for scheduling agency services
- Specify the agency's minimum operating hours for customer-facing services (*page: _____*)

NOTES:

Outline customer service performance expectations and improvement processes

- Establish agency expectations for customer service performance (*page: _____*)
- State that agency will acknowledge customer communications within one business day (*page: _____*)
- Outline processes to monitor and improve customer service performance (*page: _____*)
- Specify how agency will use service level goals to manage quality of contact center services (*page: _____*)
- Describe a process for ensuring contact information on website stays updated (*page: _____*)
- Agency KPM's submitted (*page: _____*)

NOTES:

From: INITIATIVES Strategic * DAS <strategic.initiatives@DAS.oregon.gov>
Sent: Friday, March 21, 2025 2:54 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Cc: INITIATIVES Strategic * DAS <strategic.initiatives@DAS.oregon.gov>
Subject: BCE Customer Service Policy

Hi Cass,

We have officially entered the review and feedback phase of agency customer service policies! Thank you for all the work putting this together – you are almost there!

We have reviewed your policy and criteria stated in the [Enterprise Customer Service Standards](#) and only see a few items needed to meet compliance:

- Provide a single point of contact for matters related to the policy.
- Outline process to monitor and improve customer service performance.
- Describe a process for ensuring contact information on website stays updated.
- Submit agency KPM's

Once those updates are added, please send the final back to us for our records. Also, please let us know where the public can access the policy (if on the agency website or elsewhere). This doesn't necessarily need to be written in the policy, we just need to document for our records.

(Complete criteria checklist attached for more information.)

Thanks for your patience on this! Please let me know if you have any questions!

Thank you,



Summer Warner

Project Manager

[Strategic Initiatives & Enterprise Accountability](#)

503-507-0694 (cell, text ok)

Data Classification: Level 1 - Published



Oregon Board of Chiropractic Examiners

Strategic Plan 2025-27

Cassandra C. McLeod-Skinner, J.D., Executive Director
530 Center Street, Suite 620
Salem, OR 97301
503 373-1620

July 1, 2025 – June 30, 2027
Adopted July 25, 2024

I. Agency Mission, Vision, and Values

<p>The business we are in</p>	<p style="text-align: center;">Agency Mission:</p> <p>The mission of the Oregon Board of Chiropractic Examiners is to protect the public by regulating the practice of chiropractic. (2019)</p>
<p>What we want to be known for</p>	<p style="text-align: center;">Vision</p> <p>To protect the health, safety, and welfare of the public in all matters of chiropractic care by setting a national standard in educating, licensing, and regulating our licensees.</p>
<p>What beliefs guide our actions</p>	<p style="text-align: center;">Values</p> <ol style="list-style-type: none"> 1. Integrity – a commitment to acting honestly, ethically, and fairly. 2. Accountability – a willingness to accept responsibility for actions in a transparent manner. 3. Excellence – an expectation of the highest quality work and innovation. 4. Professionalism – a dedication to provide equitable, caring service to all Oregonians with compassion and respect. 5. Equity – create and foster a consistent environment where everyone has access and opportunity to thrive.

II. Agency Affirmative Action Contacts

Agency Executive Director

Cassandra C. McLeod-Skinner, J.D.

cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

Governor’s Policy Advisor

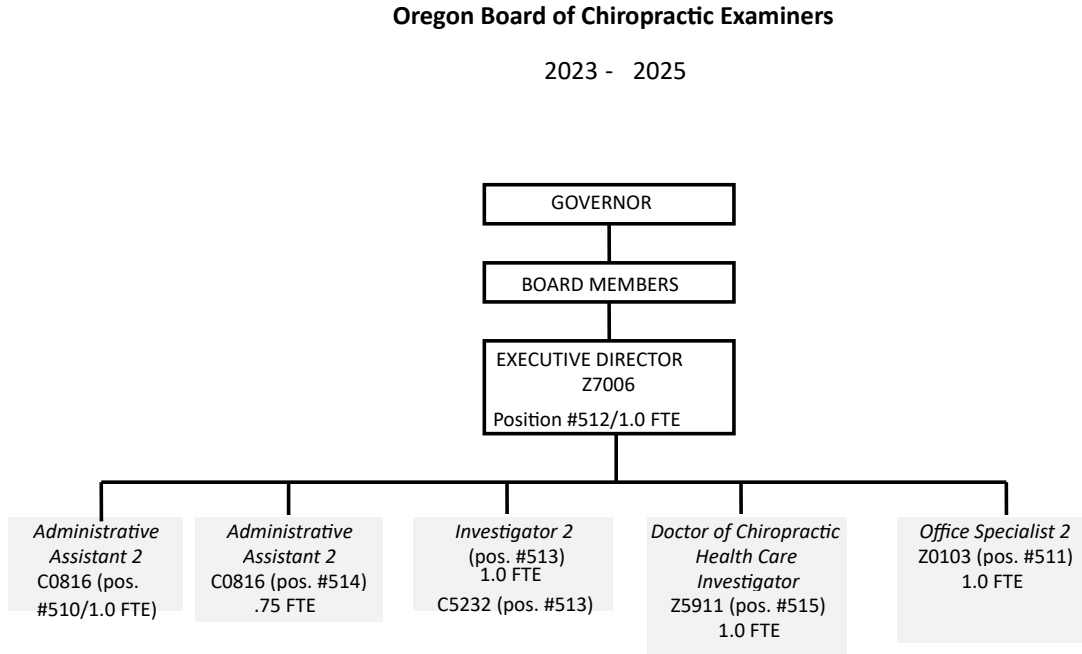
Kristina Narayan

Kristina.narayan@oregon.gov, 503-689-0893

DEI & Affirmative Action Representative

Cassandra C. McLeod-Skinner, J.D., Executive Director
cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

III. Organizational Chart



IV. Agency Function

The Board of Chiropractic Examiners (OBCE or Board) is comprised of a seven member board and 6 staff members. The Board members are nominated by the Governor and confirmed by the Senate. Although our staff is rather small (5.75 FTE), we are diverse in ethnicity, age, gender, religion, sexual orientation, and ability. We strive to broaden the outreach that CHRO does on our behalf for temporary or permanent hires by including local community college career centers as well as transitional programs for job posting locations and prioritizing the ability to work in multiple languages.

The authority and responsibilities of the OBCE are contained in Oregon Revised Statutes (ORS) Chapter 676 (Health Professions Generally), ORS Chapter 684 (Chiropractors) and in Oregon Administrative Rules (OAR) Chapter 811. The

primary program activities are Licensing, Investigation, Compliance, and Administration.

V. Affirmative Action Statement

The OBCE is committed to achieving a work force that represents the diversity of Oregon's population and to providing fair and equal employment opportunities. The Board is committed to an affirmative action program that provides equal opportunities for all persons regardless of race, color, religion, sex, sexual orientation, national origin, marital status, age or disability. The Board provides an environment for each applicant and employee that is free from sexual harassment, as well as harassment and intimidation on account of an individual's race, color, religion, gender, sexual orientation, national origin, age, marital status or disability. The Board employment practices are consistent with the State's Affirmative Action Statement Guidelines and with state and federal laws, which preclude discrimination.

Accordingly, the OBCE shall:

- A. Maintain a policy of equal treatment and equality of opportunity in employment for all applicants and employees in its employment decisions.
- B. Apply all terms, conditions, benefits, and privileges of employment with the agency to all applicants and employees regardless of race, color, religion, age, sex, sexual orientation, gender identity, marital status, national origin, political affiliation, FMLA/OFLA leave status, military leave status, disability, or any other reason prohibited by the law or policy of the state or federal government.
- C. Engage in efforts improve the workforce pipeline and diversity of the profession, including through collaboration with agency partners.

The Executive Director will communicate the plan to every employee via email and at an all staff meeting. The Director will review hiring and promotion patterns and job descriptions with our HR Business Partner within DAS CHRO with a goal of identifying and removing any barriers to equal employment opportunities. This partnership will also ensure that the agency's DEI/Affirmative Action Statement is posted on the agency's website and is effectively communicated to the Board's employees.

VI. Diversity, Equity, and Inclusion Statement

The Governor's Office, and the OBCE, recognize "diversity as the collective mixtures of our differences and similarities. These differences are viewed as a strength that maximizes the state's competitive advantage through innovation, effectiveness and adaptability. Equity is a value and goal, not a process. It allows all individuals to thrive and reach their full potential. Inclusion is leveraging diversity

which builds and sustains a culture in which people are engaged and motivated. Ultimately, inclusion is the environment that people create to allow these differences to thrive.” (See p. 32, *2017-2019 Affirmative Action Biennial Report*, Office of Governor Kate Brown, Diversity, Equity, and Inclusion/Affirmative Action).

As such, the OBCE is committed to establishing, monitoring, and maintaining a work environment where all employees and Board members are given opportunities to develop, treated with respect and integrity and feel part of the Board’s goals and mission. This is accomplished by promoting and retaining diverse staff where everyone feels supported and valued. The Board recognizes that given the small size of its staff, the greatest DEI impact it can have is by identifying and resourcing community engagement with its partners to help achieve the profession’s goals for chiropractic workforce development.

VII. Community Engagement Efforts

While the majority of our licensee base is still white, English speaking, and men, our affected community members and patients are not. As the Executive Director for the agency and Board, I reached out to the state’s only chiropractic school (University of Western States) to learn more about their recruitment and retention practices for BIPOC students and professors. UWS has been in the process of evaluating and updating their recruitment and retention efforts for future classes of chiropractic students who will eventually become eligible for OBCE board membership.

Among those efforts, UWS is hosting the American Black Chiropractic Association’s (ABCA) annual meeting/convention being held at UWS in June 2024. OBCE Staff and Board members will be attending the convention, educating the ABCA members of licensure in Oregon, with the hope of recruiting chiropractic professionals from diverse areas of the country.

We have begun to raise workforce pipeline issues with the Federation of Chiropractic Licensing Boards (FCLB) and the National Board of Chiropractic Examiners (NBCE) and will continue to do so in order to streamline testing and licensure timelines.

VIII. Human Resource Services

The OBCE contracts with Department of Administrative Services (DAS), Chief Human Resource Office (CHRO) for our HR needs in recruiting, performance evaluations, personnel actions, and payroll. We have access to all state and federal employment law documents through that office and all staff and Board members have access to CHRO through our contact person, Reba Dunnington.

IX. Agency Employee Diversity Training/Professional Development

Prior to the onset of COVID in 2020, members of OBCE staff had attended the statewide DEI conference in 2019 and 2020 and brought back insights to other staff

members. The Executive Director was a member of the statewide Enterprise Leadership Team (ELT) and, as such, was also a member of the ELT's DEI subcommittee, working on fostering and promoting recruitment, retention, training, and support for BIPOC employees. The Executive Director was also co-lead for the Department of Administrative Services (DAS)'s DEI Training Advisory Committee to create new and ongoing DEI trainings for all state employees. This work was currently been on hold with changes to DAS's cultural change office and the unknown atmosphere with a new Governor and administration as of November 2022.

Continued professional development and training opportunities ensures that employees are provided with the skills needed to excel in their work, and, therefore, be retained by the agency. The OBCE uses a variety of approaches to establish a climate that supports continuous learning and development through the following:

- Webinars and other interactive online training
- Internal and external training courses
- Establish individual needs and training requests and make those a standard part of the conversation during quarterly check-ins with employees.

Investing in training opportunities for all employees reflects the value and support the Board places on our employees.

X. Affirmative Action Statement Previous Objectives

Goals set and met

1. *Continue to advertise and recruit for diversity for the Board and the Board's committees and have demonstrable results.*

Within the 2019-2021 biennium, the Board recruited and retained 2 female Board members and a female member for our Peer Review Committee. This is the second time in the Board's history, and the second biennia in a row, that the Board consists of a majority of women members and that trend continues, including BIPOC women.

2. *Review the Oregon Health Authority's recommendations for culturally appropriate continuing education and encourage licensees to attend those courses.*

Biannually, the OBCE hosts an Introduction to the Board continuing education class that is required for newly licensed chiropractic physicians within the state. Within that class, we review the importance of cultural competency and provide resources, including a list of OHA's recommendations, for licensees to participate in. For some disciplinary cases, the Board has required that OHA's cultural competency curriculum be utilized.

Additionally, the Executive Director is an alumna of Oregon Health Authority's Office of Equity and Inclusion's DELTA (Developing Leadership through Training and Action) program and participates with past and current members as often as possible.

3. *Propose a Board mandate of cultural competency education as part of its annual renewal continuing education requirements.*

The Board voted to mandate cultural competency CE for all doctors of chiropractic for 2021 and later required, through promulgated rulemaking, that cultural competency continuing education be required for annual license renewal.

4. *Continue to provide information and opportunities for staff to participate in diversity training and multi-cultural events, and seek new opportunities for working with higher education and local ethnic groups.*

In August 2020, the Board President and Executive Director both attended History of Racism in Oregon, a presentation put on by the staff of the Oregon Historical Society. It was such an amazing presentation – a primer for DEI work in the state – that we invited OHS, and they accepted, to present to the full board and staff at our January 2021 board meeting.

The Board will continue to develop strategies to recruit, retain, and promote a diverse staff. The Board recognizes the value of individual and cultural difference and creates a work environment where talents and abilities are valued. If vacancies occur, OBCE will explore new and different venues to promote a diverse pool of applicants, including attending job fairs and trade shows.

5. *Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.*

Staff is provided notices of events that are occurring within state government and throughout the state that they are encouraged to participate in. The agency's Executive Director is involved in many multicultural professional and recreational organizations and share events through those groups with staff as well.

Goals not met or not expected to meet

1. *Identify and implement a Cultural Competency Assessment within the existing budget limitation.*

We have not yet initiated this assessment.

X. Strategic Plan 2023-2025 objectives

<p>Accomplishments that define our success</p>	<p>Key Goal/Objectives</p> <p><i>Provide information and opportunities for staff and Board members to participate in diversity training and multi-cultural events.</i></p>	<p>Key Goal/Objectives</p> <p><i>Work with UWS and the ABCA to better recruit, retain, and matriculate diverse chiropractic students who will then become eligible for Board membership.</i></p>	<p>Key Goal/Objectives</p> <p><i>Review all rules and policies for gender neutral language.</i></p>	<p>Key Goal/Objectives</p> <p><i>Review continuing education requirements and recommendations for cultural responsiveness and relevance.</i></p>
<p>How we achieve the objectives</p>	<p>Strategies/ Initiatives</p> <p><i>Share events and opportunities available through FCLB, DOJ, DAS, and other organizations. Incorporate educational field trips as part of in-person board meetings.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Communication about and participation in ABCA and UWS events.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Staff will review each section of our OARs and provide recommended amendments to the Board.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Staff will review CE requirements for cultural responsiveness and relevance and provide recommendations to the Board.</i></p>
<p>How we determine we are making progress</p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Educational programming will be recommended to staff and Board members and will be incorporated into our Board meetings at twice per biennium.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Attendance and participation at ABCA’s Annual Conference at UWS in June 2024.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Full rule review to be completed by end of the 2023-25 biennium.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Full review to be completed by the end of the 2023-25 biennium.</i></p>

XI. Agency Demographics

With respect to the demographics of our current staff and Board, the following reflects the current composition of the Board and its staff:

	Gender	Race/Ethnicity	Age Range	Languages Spoken	Sexual Orientation
Board Members	57% female 43% male	71% White; European 14% African American/White 14% Asian/European	14% 25-20 14% 35-40 71% 40-55	100% English	86% heterosexual 14% LGBTQ+
Staff Members	66% female 16% non-binary 16% male	66% White; European 16% Asian; Japanese 16% Hispanic/Latino; Mexican	16% 25-35 33% 35-45 16% 45-55 16% 55-60 16% 60-70	100% English 33% Spanish 16% Japanese 16% Russian	50% heterosexual 33% LGBTQ+ 16% non-report

The OBCE remains committed to its policy on Affirmative Action and Equal Opportunity and to a rigorous and active affirmative action program. My personal commitment to these ideas is represented in the Affirmative Action Statement. Likewise, the Statement represents the Board's commitment to equal opportunity and affirmative action in employment and public service consistent with all applicable federal and state laws, including, but not limited to: Executive Order 11246; Title VII of the Civil Rights Act of 1964; Sections 503 and 504 of the Rehabilitation Act of 1974; the Vietnam Era Veterans Readjustment Assistance Act; and the Americans with Disabilities Act. This Affirmative Action Plan has my complete authorization and commitment.

Cassandra C. McLeod-Skinner, J.D.
Executive Director

Date



Oregon Board of Chiropractic Examiners

IT Strategic Plan 2025-26

Cassandra C. McLeod-Skinner, J.D., Executive Director
1225 Ferry St. SE
Salem, OR 97301
cass.mcleod-skinner@obce.oregon.gov

June 1, 2025 – May 31, 2026

Oregon Board of Chiropractic Examiners –IT Strategic Plan for InLumon Implementation

Executive Summary

The Oregon Board of Chiropractic Examiners (OBCE) is committed to modernizing its licensing and regulatory system through the successful implementation of InLumon - a cloud-based Software as a Service (SaaS) that serves as a licensing and regulatory platform. It is intended to streamline operations, enhance service delivery, and ensure compliance. However, the current implementation has not met expectations, causing operational inefficiencies and risks. This IT Strategic Plan outlines a clear, phased approach to remedy critical failures, align the solution with OBCE's business processes, and ensure long-term sustainability.

1. Implementation Roadmap

Phase 1: Stabilization & Triage (0–3 Months)

Objective:

Address critical software failures that hinder daily operations and data integrity.

Key Activities:

- Conduct a full gap analysis of current system versus contractual deliverables.
- Develop and deploy standard and ad-hoc reports (e.g., KPMS, licensing renewals, investigation metrics).
- Prioritize critical issues:
 - Fix the Investigation tab and populate the Resolution tab with complete case closure options.
 - Import all 2024 paper renewals into the system to ensure data accuracy and billing integrity.
 - Enable document upload functionality to reduce manual processes.
 - Restore the full functionality of the Board portal to support member access and decision-making tools.
 - Ensure that the 'Verify License' feature includes an option to mark profiles as under disciplinary action with a selectable "Yes."
 - Work with InLumon to assign severity levels and deadlines for each issue.
 - Require weekly stand-up meetings with vendor stakeholders.

Timeline:

- Kickoff: Week 1
 - Gap Analysis: Weeks 1–2
 - Priority Fixes Implemented: Weeks 3–10
 - Phase Review & Validation: Weeks 11–12
-

Phase 2: Data Remediation & Workflow Configuration (3–6 Months)

Objective:

Ensure all data is complete, accurate, and usable, and workflows are tailored to OBCE's licensing process.

Key Activities:

- Cleanse and standardize existing databases:
 - Identify and resolve missing or duplicate email addresses.
 - Verify user roles and access controls for DCs and CAs.
 - Configure dual-profile access for DC and CA users, allowing login to distinct roles.
- Configure and test custom workflow rules for licensing, renewals, investigations, and case resolution.
- Begin setup of audit trails and notification triggers.
- Enable the generation of address lists for targeted communications and operational planning.

Timeline:

- Data Review and Cleanup Plan: Weeks 13–15
 - Role/Workflow Configuration: Weeks 16–20
 - QA and Testing: Weeks 21–24
-

Phase 3: Reporting, Metrics & Full Audit Trail (6–9 Months)

Objective:

Enable informed decision-making through accessible reports, dashboards, and historical data tracking.

Key Activities:

- Activate and validate audit trail functionality for all actions and transactions.
- Train internal staff on generating reports independently using built-in tools.

Timeline:

- Requirements Gathering: Weeks 25–26
 - Report Development & QA: Weeks 27–32
 - Staff Training & UAT (testing): Weeks 33–36
-

Phase 4: Optimization & Governance (9–12 Months and Ongoing)

Objective:

Ensure long-term success through process governance, vendor accountability, and continual improvement.

Key Activities:

- Establish SLAs and performance metrics with InLumon.
- Initiate quarterly performance reviews with vendor.
- Develop and document change management procedures.
- Monitor system usability and end-user satisfaction via surveys.

Timeline:

- Governance Plan Finalization: Weeks 37–38
- Initial Review Cycle: Weeks 39–48
- Full Optimization Review: Week 52

2. Risk Assessment and Mitigation

Risk	Impact	Likelihood	Mitigation Strategy
Vendor non-performance or delays	High	Medium	Establish performance-based milestones.
Incomplete or incorrect data	High	High	Conduct a dedicated data audit; verify data at each phase.
Continued manual workloads due to unresolved system limitations	Medium	High	Prioritize functional fixes like document upload and notifications.
Stakeholder resistance to system changes	Medium	Medium	Provide early communication, ongoing training, and user support.
Security or access control vulnerabilities	High	Low–Medium	Conduct a security review before Phase 2 ends; ensure role-based access is implemented.
Critical features missing (e.g., Board portal, address lists, disciplinary toggle)	High	High	Elevate to critical path fixes in Phase 1; assign high-priority severity to vendor tasks.

Key Strategic Principles

- **Transparency and Accountability:** Require full visibility into InLumon's progress with weekly reports and open issue tracking.
 - **User-Centric Configuration:** Ensure the platform supports the real workflows of OBCE staff and licensees.
 - **Data Integrity First:** Base all decisions and metrics on clean, complete data.
 - **Efficiency through Technology:** Reduce staff burden by enabling automation and eliminating paper-based work.
 - **Sustainability and Governance:** Ensure long-term success through clear change controls, vendor management, and review cycles.
-

Conclusion

This IT Strategic Plan provides the Oregon Board of Chiropractic Examiners with a realistic and actionable path forward for completing the InLumon implementation. By focusing first on stabilization, followed by phased improvements and governance, OBCE can achieve the intended outcomes: streamlined processes, accurate data, and improved service to licensees and stakeholders.

This plan is not only a roadmap but a commitment to high-performance, user-centered solutions that position OBCE for long-term success.

E.T.S.D.P. EVALUATION QUESTIONS

Clinical rationale

Is this an exam, test, substance, device or procedure, herein after referred to as ETSDP?

Describe in detail your ETSDP.

Describe the clinical rationale for your ETSDP.

How do you determine appropriate termination of care and/or consultation to other providers with special skills/knowledge for the welfare of the patient?

If this is a diagnostic procedure, are you using it by itself or in addition to generally accepted diagnostic procedures?

Taught at accredited chiropractic school

Is this ETSDP taught at a chiropractic school accredited by the Council on Chiropractic Education or its successor at any time since 1974? If so, which one(s)?

Consensus

Do you have evidence of consensus on safety and/or effectiveness and/or of practices generally and currently followed and accepted by persons licensed to practice chiropractic in this state?

Outcome assessment measures

Choose from the following or list outcome assessment measures:

- Visual analog scale
- Pain drawing
- Oswestry questionnaire
- Objective signs
- General patient satisfaction
- Other

Literature based references

Cite any literature discussing indications, contraindications, and beneficial, adverse or unintended effects of this ETSDP.

Please indicate the current level of support for this ETSDP from the following:

- 1) One or more randomized controlled clinical trials or experimental studies that address

- reliability, validity, positive predictive value, discrimination, sensitivity and specificity.
- 2) One or more well designed controlled observational clinical studies such as case control or cohort studies published in referenced journals.
 - 3) Clinically relevant basic science studies addressing reliability, validity, positive predictive value, discrimination, sensitivity and specificity published in referenced journals.
 - 4) Expert opinion, descriptive studies, case report.

Consistent with generally recognized contraindications to chiropractic procedures

Please list any known or suspected contraindications.

Is there a subpopulation that would be at higher risk for this ETSDP? (e.g. people with osteoporosis, skin lesions, heart disease, etc.)

Potential benefit outweighs the potential risk to the patient

Does the ETSDP affect any structure (either mechanically, chemically, thermally, or electrically, etc.) in such a way that a beneficial effect can be created?

Does this ETSDP affect any structure (either mechanically, chemically, thermally, or electrically, etc.) in such a way that an adverse effect can be created?

Describe the beneficial effects your patients have experienced from this ETSDP.

Describe any adverse or unintended effects your patients have experienced from this ETSDP.

Rate the risk factor if this ETSDP is used improperly on select populations. Choose from the following categories:

- 1) an extremely remote chance of serious injury
- 2) a remote chance of serious injury
- 3) a slight chance of serious injury
- 4) a significant chance of serious injury
- 5) extremely significant chance of serious injury

Please describe.

Rate the risk factor if this ETSDP is used properly on the general population. Choose from the following categories:

- 1) an extremely remote chance of serious injury
- 2) a remote chance of serious injury
- 3) a slight chance of serious injury
- 4) a significant chance of serious injury

5) extremely significant chance of serious injury

Please describe.

Alternatives

Is there a standard ETSDP for the equivalent condition? If yes, does your ETSDP expose a patient to more risk or harm than the standard treatment for an equivalent condition?

List alternatives to this ETSDP, if any.

What are the suspected effects, results or consequences of doing nothing?

General

Are you currently conducting or soon planning to conduct an organized investigation into the use of the ETSDP?

DRAFT



July 2025 Board Meeting
Section 10 – Correspondence



TINA KOTEK
GOVERNOR

May 19, 2025

Oregon Board of Chiropractic Examiners

Dear Director Mcleod-Skinner,

It has been over two years since I established eleven expectations for state agency operations, with the overall goals of improving customer service and optimizing performance for the people of Oregon. I want to thank you for the considerable attention and effort you have given to these expectations. I recognize that the collective work to meet these expectations has required upfront investments that do not always have benefits that are immediately perceptible. Just as any discipline may at first seem burdensome only to yield great benefits later, the work that employees are contributing to meet these expectations is building mutually reinforcing practices that will have a lasting impact on state operations.

Our work is already having a tangible, statewide impact:

- Hiring on average is over two weeks faster.
- Vacancy rates have fallen by a third.
- Agency planning of all forms is more complete and consistent.
- Employees more regularly complete key trainings and receive feedback from managers.
- Measures of employee engagement have increased.

These meaningful successes have only been possible through partnership with you and other agency leaders. I thank you for that continued partnership.

Enclosed with this letter you will find a report that summarizes the performance of your agency in meeting my stated expectations. I commend the hard work represented.

Thank you for cultivating a culture of improvement in service to all Oregonians.

Sincerely,

Governor Tina Kotek

**Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)**

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 1. Strategic Planning

Agencies will develop and follow a strategic plan that also aligns with priorities set forth by the Governor's Office. This practice is important because strategic planning defines the planned actions of an agency. It helps organizations to define priorities, identify opportunities, mitigate risks and align resources and activities efficiently.

09/30/24:

- Updated plan submitted



Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 2

No data for the Oregon Board of Chiropractic Examiners.

**Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)**

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 3. Continuity of Operations Planning

Agencies will maintain and annually update a Continuity of Operations Plan (COOP). This practice is important because COOPs help agencies prepare for disruptions such as disasters, accidents and technological threats.

12/31/23:

- COOP plan updated in last 12 mos.
- Plan Submitted On Time



12/31/24:

- COOP plan updated in last 12 mos.
- Plan Submitted Late
- Plan incomplete

**Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)**

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 4. DEI Planning

Agencies will maintain a biennial Diversity, Equity and Inclusion plan (DEI plan) and will report Affirmative Action progress every even-numbered year. This practice is important because diversity, equity and inclusion plans help organizations by creating cultures that allow all employees to feel a sense of belonging. A culture of belonging fosters innovation, health, wellness and has many benefits that contribute to sustaining an inclusive workforce.

09/30/23:

- Plan for Plan



09/30/24:

- **Plan Embedded in Strategic Plan**



Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 5. Technology Planning

The Oregon Board of Chiropractic Examiners is exempt due to its size.

**Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)**

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 6. Succession Planning

All agencies will develop and submit an annual succession plan. This practice is important because succession planning helps identify and develop future leaders, ensuring that an organization has a plan for leadership transitions, business continuity and talent retention.

03/31/24:

- Assessment component included ✓
- Development component included ✓
- Evaluation component included ✓
- Identification component included ✓



03/31/25:

- **Assessment component included ✓**
- **Development component included ✓**
- **Evaluation component included ✓**
- **Identification component included ✓**
- **Review component included ✓**

**Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)**

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 7. Leadership

Each agency director will receive a 360 review every two years. This practice is important because 360 reviews allows agency leaders to identify and develop strengths as well as improve upon gaps in their talents and skillsets.

06/01/23:

- Agency directors reviewed in the last 24 months



03/31/24:

- Agency directors reviewed in the last 24 months



06/30/24:

- Agency directors reviewed in the last 24 months



09/30/24:

- Agency directors reviewed in the last 24 months



12/31/24:

- Agency directors reviewed in the last 24 months

**03/31/25:**

- **Agency directors reviewed in the last 24 months**

**Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)**

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 8. Employee Feedback

Each agency will complete 90+% of its required manager and employee performance feedback check-ins each quarter. This practice is important because employees feel more supported and encouraged when they receive feedback from their managers. These meetings promote professional development and can help employees identify opportunities for growth and align their career paths with the organization's needs, increase employee engagement and strengthen relationships.

<i>Report Date</i>	<i>Rate</i>	<i>Employee Check-Ins Complete</i>	<i>Applicable Total</i>
06/01/23	100%	4	4
09/30/23	100%	4	4
12/31/23	100%	5	5
03/31/24	100%	5	5
06/30/24	100%	5	5
09/30/24	100%	5	5
12/31/24	100%	5	5
03/31/25	100%	4	4

**Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)**

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 9. Recruitment

Each agency will maintain an average of 50 or fewer days to complete open competitive recruitments and will actively manage vacancies, reporting quarterly the reasons for each. This practice is important because a quick hiring process demonstrates professionalism and respect for candidates, increasing their interest in the organization and likelihood of accepting an offer. It can also enable Oregon state government to compete with other employers hiring top talent faster. Reducing vacancy rates supports workforce planning by providing insights into the availability and use of positions.

Total Vacancies

<i>Report Date</i>	<i>Rate</i>	<i>Total Vacancies</i>	<i>Total Positions</i>
09/30/23	0%	0	6
03/31/25	0%	0	13



Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 10. Employee Engagement

The Oregon Board of Chiropractic Examiners is exempt due to its size.



Agency 81100 – Oregon Board of Chiropractic Examiners (OBCE)

Agency Director: Cass Mcleod-Skinner

Policy Advisor: Kristina Narayan

Expectation 11

No data for the Oregon Board of Chiropractic Examiners.

Link to DAS Dashboard:

<https://www.oregon.gov/das/strategy/Pages/agency-performance.aspx>



Outlook

Fw: Dry Needling Scope

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>**Date** Tue 3/4/2025 10:55 AM**To** PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

From: JOYCE MCCLURE <drjdm@comcast.net>**Sent:** Friday, November 22, 2024 12:22 PM**To:** OBCE Oregon * BCE <info@obce.oregon.gov>**Cc:** MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>**Subject:** Dry Needling Scope

Good afternoon Dr. Waggoner and Board Members,

I thought the following American Association of Manipulative Therapy (AAMT) information might be worth a look by our OBCE Board members. In the past, we reviewed dry needling as a technique and determined it was out of scope for licensed chiropractic physicians in Oregon. However, that decision was primarily politically motivated (I was a board member at the time.) Times are changing, the need for expanded public health offerings are upon us; Oregon always has been a leader in regulation and public health for US Chiropractic healthcare.

Given that Oregon DCs are indeed licensed to perform venipuncture and have training in this technique throughout pre-licensure education, as well as the requisite anatomy and physiology, there appears to be no public safety issue to Oregon Licensed Chiropractic Physicians performing this musculoskeletal therapy. We are licensed to penetrate the skin in this instance. Note that physical therapists are allowed to perform this within their scope, and our training is likely superior, or at least comparable. To my knowledge, PTs do NOT have the option to perform minor surgery or obstetrics in any situation.

Therefore, I request the OBCE revisit this technique as an appropriate tool for Oregon licensed chiropractic physicians, *provided they receive any necessary training*, either as part of their Doctor of Chiropractic degree training, or with Board Approved postgraduate certification/training. A precedent already can be found in many other states. Here is a link from FCLB listing each state. Oregon is now in the minority that prohibits dry needling:

https://fclb.org/files/publications/1638892911_dry-needling---dcboard-of-chiropractic.pdf

Many thanks in advance for your consideration of this technique.

Sincerely,

Joyce D McClure DC DACRB

From: [MCLEOD-SKINNER Cass * BCE](#)
To: [Dan Kemper](#); [OBCE Oregon * BCE](#); [LARA Miriam * BCE](#); [CHIAPELLA Andrea * DAS](#)
Cc: [MCLEOD-SKINNER Cass * BCE](#); [HASKELL Christa * BCE](#)
Subject: RE: OCPUG Document
Date: Monday, June 30, 2025 9:13:37 AM
Attachments: [image001.png](#)

Hello, Dr. Kemper,

Thank you for your input and concerns. As you have summarized below, we have had significant issues with the roll out of our new licensing and database system (inLumon) since last year and are still trying to manage through the shortfalls. Staff is doing their best to address them and obtain response and solutions from our third party vendor.

I will provide this email thread to the Board to review at their next board meeting in July.

I have taken off DCBS as a cc on this thread as they have nothing to do with our agency or any type of oversight.

Take good care,
Cass

From: Dan Kemper**Sent:** Monday, June 30, 2025 9:03 AM
To: OBCE Oregon * BCE <info@obce.oregon.gov>; LARA Miriam * BCE <Miriam.LARA@obce.oregon.gov>; DCBS Info DCBS * DCBS <dcbs.info@dcbs.oregon.gov>; CHIAPELLA Andrea * DAS <andrea.chiapella@das.oregon.gov>; MCLEOD-SKINNER Cass * BCE <cass.mcleod-skinner@obce.oregon.gov>
Subject: Re: OCPUG Document

Thank you for the update and for uploading the reformatted OCPUG document.

While I appreciate that the corrections have now been made, I must express my deep frustration that it took over eight months to receive a response to my original inquiry, especially given that the issues I raised were clear, objective, and impacted a document intended to guide clinical standards of care.

At a time when licensing fees have increased significantly, \$100 in 2023 and another \$150 in 2024, this prolonged lack of communication raises serious questions about transparency, accountability, and the appropriate use of funds. It is not reasonable for licensees to face increased financial burden while the Board fails to provide timely or adequate responses to basic administrative concerns.

In addition, I have encountered recurring licensing issues every year since OBCE launched its new system. Specifically, a known system flaw affecting individuals who previously held a

Chiropractic Assistant license has consistently disrupted my renewal process. Despite the Board's awareness of this issue, it remains unresolved. This ongoing administrative failure, paired with repeated fee increases, further undermines confidence in the Board's capacity to effectively work with its licensees.

I also want to note that I previously brought these concerns regarding transparency to the attention of Miriam Lara, Administrative Specialist at OBCE, and received no response whatsoever. That level of disregard is unacceptable from a regulatory body that holds licensees to strict professional standards.

I am copying both the Department of Consumer and Business Services and the Department of Administrative Services, as I believe they share responsibility for administrative oversight of the OBCE. I ask that they take this matter seriously and assess whether the current level of responsiveness and operational transparency aligns with the standards expected of a public-facing licensing board.

Please ensure that any future concerns raised by licensees are addressed promptly and respectfully. I also encourage OBCE leadership to improve communication systems and provide greater visibility into how resources are being allocated.

On Wed, Jun 18, 2025 at 10:22 AM OBCE Oregon * BCE <info@obce.oregon.gov> wrote:

Hello Dr. Kemper,

I was able to reformat the OCPUG document and it has been uploaded to our site. [25-06-12_OCPUG.pdf](#)

Thank you for taking the time to email that the document was incomplete. Also, thank you for your patience.

Please take a moment to review the reformatted OCPUG and feel free to contact me with any questions or comments.

Thank you,



Heather Gilker
Office Specialist II
Mailing Address:
1225 Ferry St. SE
Salem, OR 97301
Phone: 503.983.4183
Email: Heather.Gilker@obce.oregon.gov
Work hrs: M-Th 7:30am – 3:30pm
www.oregon.gov/obce

*****CONFIDENTIALITY NOTICE*****

This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law and/or ORS 676.175. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by replying by e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

From: Dan Kemper <> **Sent:** Wednesday, August 7, 2024 10:31 AM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: OCPUG Document

You don't often get email from wishbonechiroptdx@gmail.com. [Learn why this is important](#)

I was looking to review the OCPUG Document on your website. The document seems to be a bit of a mess, I have addressed my concerns below:

- Chapter III in the table of contents lists it starts on page 10, it actually starts on page 11
- Chapters IV - VI are a mess. These chapters don't start on the correct page, the chapter number in the table of contents doesn't match which chapter is listed in the document.
- A whole chapter appears to be missing, Chapter V, Treatment Parameters for Common Neuromusculoskeletal Conditions

Could you provide a previous version of this document?

Please keep me up to date regarding the editing process for this current document.

I have attached the current OCPUG document.

-Dan Kemper, DC
Wishbone Chiropractic
He/Him/His

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

- Dr. Dan Kemper

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.



130 W Clarendon Street • Gladstone, OR 97027 • p: 503.655.2897 • f: 503.655.2854

May 30, 2025

Good afternoon,

I'm not sure to whom this letter needs to be sent, but I have concerns to express about the increases of licensing fees for Chiropractic Physicians in Oregon. I have been practicing since 2013 and I have only ever practiced in Oregon. For the majority of this time, I have been a self-employed provider. In 2022, I hired other providers to join my team, and I cover the cost of their license and malpractice insurance as an employment benefit, which has been something I'm proud to offer my team.

However, the increase in fees over the last two years have been significant, and the percentage difference between 2023 and 2025's renewal costs seem unreasonable. If these costs continue to increase, I may not be able to offer this benefit to my staff. The Oregon Workers Compensation fee schedule reimbursements have NOT increased in a way to support a 55.7% increase in license renewal costs, especially since many insurers are strategizing ways to require more authorizations and deny care, and changing benefit coverage language to minimize reimbursements or push more costs to the patients.

I understand costs change over time. I am a small business owner who is trying to keep overhead costs as low as I can in order to prevent consistent increases to my patients because many of them are struggling too. This feat is hard to accomplish when inflation is so high and reimbursements continue to stay the same or even decrease. I am the main income of my household of four people, and there are two other people in my office who are the main income source for their households as well.

We have to make sure our income is enough to cover the high cost of student loans, gas to get to work, groceries to feed our families, and our mortgage or rent to keep roofs over our heads... plus countless extras like internet, utilities, insurances, car payments, etc. We should not have to worry about how much it is going to cost us each year in order to earn our living. Especially when I do not recall a notice that the fees were increasing AGAIN.

I would love to understand the justification for continual increases in our licensing fees, especially when we are now paying more than medical doctors for their TWO YEAR renewal (\$608 plus \$4 for the OSHA workforce survey). For many years, fees were under \$430, then jumped almost 20% to \$512 last year, and jumped nearly 30% in 2025 for a total of \$665. These rising costs are not sustainable, especially for small practices.

Thank you for taking time to hear my concerns.

Signed,

A handwritten signature in black ink that reads "Stephanie Tolonen, DC MS CCSP®". The signature is written in a cursive, flowing style.

Stephanie Tolonen, DC MS CCSP®
Chiropractic Physician

From: North Portland <npwg@npwgchiro.com>
Sent: Wednesday, May 28, 2025 4:11:01 PM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Chiropractic License Price Increase

You don't often get email from npwg@npwgchiro.com. [Learn why this is important](#)
Subject: Concern Regarding Licensing Fee Increases

Dear Oregon Board of Chiropractic Examiners,

I am writing to formally express concern over the significant increases in chiropractic licensing fees in Oregon. As a licensed chiropractor and small business owner, I find the recent hikes financially burdensome—especially for those of us running independent practices without the backing of large clinics or institutions.

These rising costs create an additional layer of hardship at a time when small healthcare practices are already grappling with increased overhead, declining insurance reimbursements, and workforce shortages. While I understand the Board's administrative and regulatory responsibilities come with costs, the current fees appear disproportionate and unsustainable.

I respectfully ask the Board to reconsider its fee structure and take into account the financial realities facing small, community-based practices. Transparency in how these fees are calculated and allocated would also go a long way in fostering trust between the Board and the providers it regulates.

Thank you for your time and attention.

Dr. Amy Chapman, DC

North Portland Wellness Group
2215 N Lombard St.
Portland, OR 97217
p: 503-893-4407
f: 503-908-6153



July 2025 Board Meeting
Section 11 – Work Session

Chiropractic Assistant Applicant's Initial Training Guidelines for Supervising DC

An Oregon licensed chiropractic physician may initially train their own staff for chiropractic assistant certification in lieu of attendance in a regularly scheduled initial training class. This training by the DC is the initial step in the application process. The applicant must still complete the OBCE's application, examination, and fingerprinting. Any training which does not follow these guidelines will be invalid. Refer to [OAR 811-010-0110](#).

Training must be at least 12 hours in length. Reading the study guide and completing the CA exam does not count as part of the initial training.

The Board expects the application to be submitted as soon as possible after the training is completed; an applicant should not continue to perform therapies after completing the 12 hours of initial training.

The 12 hours of initial training are valid for 60 days. If the applicant has not submitted their application to the OBCE within 60 days, the training is void and must be retaken.

1. Training Requirements

- a) Eight (8) hours didactic training
The Board has developed a full outline/syllabus of topics that must be presented (the outline/syllabus is available on the OBCE website).
- b) Four (4) hours practical/hands-on training
Must address all three (3) areas of physiotherapy, electrotherapy, and hydrotherapy (all must be identified on training log).

2. Training Delivery

- a) The didactic training must be administered by an independently licensed health care provider whose scope of practice encompasses topics within the curriculum as outlined in the OBCE CA initial training syllabus.
- b) The practical training must be administered by an independently licensed health care provider whose scope of practice includes physiotherapy, electrotherapy, and hydrotherapy. The trainer must be in the room with the CA applicant and patient at all times.

3. Documentation

Use the attached log to track the training and for submission with the CA application to the OBCE.

- a) Document dates
- b) Document start/stop times
- c) Document time spent training in each area
- d) Document the specific subject or therapy trained

4. Verification

- a) The supervising DC and CA applicant must both attest to completion of the training by signing and dating the training log.



Oregon

Tina Kotek, Governor

Oregon Board of Chiropractic Examiners

1225 Ferry St. SE

Salem, OR 97301

Phone: 503.400.6098

Fax: 503.400.6095

Email: info@obce.oregon.gov

www.oregon.gov/obce

OBCE Chiropractic Assistant Initial Training Resources

The entities listed below provide chiropractic assistant initial training resources on their websites.

CA initial training must consist of 12 hours total training, with at least 4 hours of hands-on training covering physiotherapy, electrotherapy, and hydrotherapy. Please review [OAR 811-010-0110](#) for further information.

University of Western States (UWS)

Website link: www.uws.edu/continuing-education

971.449-9287

DC Online

Website link: www.dconline.org

Email: dconline@dconline.org

712.260.2507

ChiroSmarts

Website link: www.chirosmarts.com

Email: staff@yourbodyofhealth.com

541.753.1287

FCLB/PACE

Website link:

<https://pacex.fclb.org/index.php>

Email: pace@fclb.org

970.356.3500

Oregon Chiropractic Association (OCA)

Website link: www.ocanow.com

Email: info@ocanow.com

503.256.1601

ChiroCredit

Website link: www.chirocredit.com

Email: support@chirocredit.com

You can also search for 'Chiropractic Training near me'

Chiropractic Assistant Training Log for: _____
 (Applicant's name)

The supervising DC/independently licensed health care provider and applicant may use the form below to record the initial CA training. Use additional paper, if needed. Do not simply use the terms 'didactic' or 'practical.' Explain what was taught (medical terminology, scope of practice, HIPAA, etc.) For the hands-on training, all three therapies must be listed (physiotherapy, electrotherapy, and hydrotherapy).

NOTE: This training is valid for 60 days. You must submit your completed application to the OBCE within 60 days, or you will need to retake the 12 hours of initial training.

Reminder: Follow the Board's Initial Training Syllabus

Date	Start Time	Stop Time	Hours	Details of Training

After the supervising DC/independently licensed health care provider performs the 12 hours of initial CA training, the supervising DC and the CA applicant must both attest, by their signatures, that the training was performed according to the administrative rule ([OAR 811-010-0110](#)) and OBCE policies and procedures.

CA Applicant's Name (please print)	Supervising DC's Name (please print)
CA Applicant's Signature	Supervising DC Signature
Date Signed	Date Signed



Oregon

Tina Kotek, Governor

Oregon Board of Chiropractic Examiners

1225 Ferry St. SE

Salem, OR 97301

Phone: 503.400.6098

Fax: 503.400.6095

Email: info@obce.oregon.gov

www.oregon.gov/obce

OBCE Online Continuing Education Resources

The entities listed below provide continuing education resources on their websites.

Licensees/certificate holders must determine whether courses meet continuing education rule requirements under [OAR 811-015-0025 Continuing Education](#).

Oregon Health Authority (OHA)

Website link: www.oregon.gov/oha

OHA [Cultural Competency](#)

OHA [Suicide Prevention](#)

Email:

Cultural.compce@odhsoha.oregon.gov

University of Western States (UWS)

Website link: www.uws.edu/continuing-education

971.449-9287

DC Online

Website link: www.dconline.org

Email: dconline@dcoline.org

712.260.2507

FCLB/PACE

Website link:

<https://pacex.fclb.org/index.php>

Email: pace@fclb.org

970.356.3500

Oregon Chiropractic Association (OCA)

Website link: www.ocanow.com

Email: info@ocanow.com

503.256.1601

Board Retreat and Work Plan Priorities 2023-2025

The OBCE met on May 24-25, 2023, and held their Board Retreat and Strategic Planning/Work Plan session. A variety of topics were discussed to determine short-term and long-term planning priorities. Five of the seven Board Members were in attendance along with 5 members of staff.

The priorities and action items are as follows. Status updates as of 1/9/2025.

1. Consistency in Discipline

Sub-Topic	Short Term	Long Term	Status
Financial & Elder Abuse	3 Board	2 Board/1 Staff	Need clarification
Sexual Misconduct	2 Board/4 Staff	NA	Need clarification
Review/Update Board Action Summary (2015)	2 Board/2 Staff	2 Staff	Reviewing 1/2025
Professional Assistance Program (pre-discipline)	1 Board	2 Board/2 Staff	No action
Safety Systems/Plans for Re-licensure post-discipline	1 Staff	4 Board/3 Staff	No action

2. Scope of Practice

Sub-Topic	Short Term	Long Term	Status
Allowed/Not Allowed List	1 Board/3 Staff	1 Staff	P&P subcommittee reviewing all P&P policies; revising doc.
Medical & Recreational Marijuana Policies – ability to sell/use CBD items if <1% THC	1 Staff	4 Staff	2019 policy
UWS Teaching to Scope	NA	2 Board/2 Staff	New UWS Pres as of mid-June, 2024
P&P review & Finalization			In progress

3. Licensing Qualifications

Sub-Topic	Short Term	Long Term	Status
Student Background Checks in clinic	2 Board	2 Board	UWS

CA Exam review/update	2 Board/1 Staff	NA	On hold due to study guide
Minor Surgery/Proc/OBGyn Exam review/update	1 Staff	1 Board/2 Staff	Working on establishing review sub-committee – lack of participation interest from licensees
Ethics & Jurisprudence Exam review/update	1 Board/3 Staff	2 Board/2 Staff	Working on establishing review sub-committee–lack of participation interest from licensees
CA Study Guide, syllabus, & log review/update	1 Board/1 Staff	1 Board	In progress
CA Training Requirements	1 Staff	1 Staff	In progress

4. Laws, Rules, Policies Review

Sub-Topic	Short Term	Long Term	Status
CE List update	3 Board/2 Staff	NA	Need clarification
Board member mentorship program	1 Board/1 Staff	2 Staff	Need clarification/no action
Board member orientation materials	1 Board	3 Board/1 Staff	Updated during every recruitment cycle
Board makeup/future possibilities	1 Board	1 Board	Sponsored/attended ABCA conference, June 2024
OBCE CE Programs/CE Division	1 Staff	3 Board/5 Staff	In Progress - Craig

5. Agency Administration

Sub-Topic	Short Term	Long Term	
Case backlog	5 Board/9 Staff	1 Staff	From ~140 in 5/2023 down to ~52

Another Investigator position			Hired 2 contract investigators, 7/23; now down to one
Complaint Portal update	2 Board/3 Staff	NA	Completed
Website review and update	1 Board/2 Staff	1 Board/2 Staff	In progress
Staff training/onboarding	2 Staff	4 Board/5 Staff	No action
Succession Planning for all staff	1 Staff	2 Board/5 Staff	Partial completion
InLumon Rollout	2 Staff	NA	Initial roll out complete; continued implementation ongoing
PRC onboarding	NA	NA	No action

Outcomes/goals by topic:

1. Consistency in Discipline

a. Financial & Elder Abuse

- i. Short term:**
- ii. Long term:**

b. Sexual Misconduct

- i. Short term:**
- ii. Long term:**

c. Review/Update Board Action Summary (2015)

- i. Short term:**
- ii. Long term:**

d. Professional Assistance Program (pre-discipline)

- i. Short term:**
- ii. Long term:**

e. Safety Systems/Plans for Re-licensure post-discipline

- i. Short term:**
- ii. Long term:**

2. Scope of Practice

- a. **Allowed/Not Allowed List**
 - i. **Short term:**
 - ii. **Long term:**

 - b. **Medical & Recreational Marijuana Policies**
 - i. **Short term:**
 - ii. **Long term:**

 - c. **UWS Teaching to Scope**
 - i. **Short term:**
 - ii. **Long term:**

 - d. **P&P Review and Finalization**
 - i. **Short term:**
 - ii. **Long term:**
- 3. Licensing Qualifications**
- a. **Student Background Checks in clinic**
 - i. **Short term:**
 - ii. **Long term:**

 - b. **CA Exam review/update**
 - i. **Short term:**
 - ii. **Long term:**

 - c. **Minor Surgery/Proc/OBGyn Exam review/update**
 - i. **Short term:**
 - ii. **Long term:**

 - d. **Ethics & Jurisprudence Exam review/update**
 - i. **Short term:**
 - ii. **Long term:**

 - e. **CA Study Guide, syllabus, & log review/update**
 - i. **Short term:**
 - ii. **Long term:**

 - f. **CA Training Requirements**
 - i. **Short term:**
 - ii. **Long term:**

4. Laws, Rules, Policies Review

- a. CE List update**
 - i. Short term:**
 - ii. Long term:**
- b. Board Member Mentorship Program**
 - i. Short term:**
 - ii. Long term:**
- c. Board Member Orientation Materials**
 - i. Short term:**
 - ii. Long term:**
- d. Board makeup/future opportunities**
 - i. Short term:**
 - ii. Long term:**
- e. OBCE CE Programs/CE Division**
 - i. Short term:**
 - ii. Long term:**

5. Agency Administration

- a. Case backlog/another Investigator position**
 - i. Short term:**
 - ii. Long term:**
- b. Complaint portal update**
 - i. Short term:**
 - ii. Long term:**
- c. Website review/update**
 - i. Short term:**
 - ii. Long term:**
- d. Staff training/onboarding**
 - i. Short term:**
 - ii. Long term:**
- e. Succession planning for all staff**
 - i. Short term:**

ii. Long term:

f. PRC onboarding

i. Short term:

ii. Long term:

Board Actions Summary

Non-Disciplinary Actions (Not Public):

Case Closed	If complaint is not appropriately before the Board (involved other types of health licensees, etc.), then case is closed.
No Statutory Violation (N.S.V.)	Based on evidence presented, Board finds that licensee violated no statutes or rules. Closes case.
Insufficient Evidence (I.E.)	Board finds that there is not enough evidence to determine whether licensee violated any statutes or rules. A finding of I.E. allows for referral back to that case should similar complaint(s) follow. Closes case.
Letter of Concern (L.O.C.)	Board may or may not find minor violations or issues of concern and addresses findings by way of a letter for licensee to remedy the issues found. Closes case. Concerns are lesser in degree than those for a CCC.
Contingent Case Closed (C.C.C.)	Board finds certain violations or issues of concern and requires the licensee to fulfill and complete requirements that address the concerns. Once successfully completed, case is closed. Concerns are lesser in degree than those for an AVC.
Agreement of Voluntary Compliance (A.V.C.)	Very similar to a stipulated final order except it is non-disciplinary and rehabilitative in intent. Board finds violations of statutes or rules and requires certain actions from the licensee to remedy the violations. Often used for records cases.

Disciplinary Actions (Public):

Probation (with or without restrictions/terms)	Board finds violations of statutes and/or rules. Reportable to the Databank and is a permanent mark on license. Supervision by OBCE staff is required. Lesser in degree than Suspension.
Suspension	Board finds violations of statutes and/or rules. Reportable to the Databank and is a permanent mark on license. Supervision by OBCE staff is required. Lesser in degree than Surrender of License.
Voluntary Surrender	Board finds violations of statutes and/or rules. The Board will ask licensee to surrender the license in lieu of Revocation. Reportable to the Databank and is a permanent mark on license. Lesser in degree than Revocation.
Revocation	Board finds violations of statutes and/or rules. Reportable to the Databank and is a permanent mark on license.

Board Actions Summary

Disciplinary and/or Rehabilitative Tools:

Continuing Education (CE)	Can be reportable to the databank; requires OBCE Staff to monitor.
Testing – includes: EBAS, OBCE E/J, ProBe, billing/coding, chart noting, clinical justification	Reportable to the databank; requires OBCE Staff to monitor
File Reviews	Reportable to the databank; requires OBCE Staff to monitor
Fine (not administrative costs)	Reportable to the databank; requires OBCE Staff to monitor
Administrative Costs	Requested by Board, awarded at the discretion of the ALJ or Appellate Court
UA Screening: drugs and alcohol	Reportable to the databank; requires OBCE Staff to monitor
Mentoring	Reportable to the databank; requires OBCE Staff to monitor
Counseling	Reportable to the databank; requires OBCE Staff to monitor
Community Service	Can be reportable to the databank; requires OBCE Staff to monitor
Chaperones	Can be reportable to the databank; requires OBCE Staff to monitor
Restitution	Can be reportable to the databank; requires OBCE Staff to monitor
Board Interview	Normally done upon completion of other stipulations or when there are certain issues of concern to the Board.
Limit Practice	Can be reportable to the databank; requires OBCE Staff to monitor, depending on the limitation.