



Candidate Handbook

for the Alberta Acupuncturist
Registration Examination

Prepared by the Examination Committee
of the College of Acupuncturists of Alberta

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Introduction

The Alberta Acupuncturists Registration Examination (AARE) Candidate Handbook has been developed by the Examination Committee for the College of Acupuncturists of Alberta (College) to provide candidates with essential information about the examination. The focus of this handbook is safety module, modalities and acupuncture examinations.

The College of Acupuncturists of Alberta is the regulatory authority established under the *Health Professions Act* and the *Acupuncturist Profession Regulation*. The College's mandate is to protect the public by ensuring that individuals who practice acupuncture in Alberta are competent, ethical, and qualified to deliver safe and effective care.

The AARE is one of the key components of the registration process for becoming a regulated member of the College. It is designed to assess whether applicants have achieved the entry-level competencies required for safe and effective acupuncture practice in Alberta. Successful completion of the AARE demonstrates that a candidate possesses the foundational knowledge, clinical judgment, and technical skills necessary to practice the profession independently.

This handbook outlines the policies, procedures, and expectations related to the examination, including exam processes, competencies, candidate conduct, and results. Candidates are encouraged to read this handbook carefully to ensure full understanding of the examination process and to help prepare for a successful examination experience.

Examination Components

The Alberta Acupuncturist Registration Examination (AARE) consists of multiple components. Candidates must pass all components to be eligible for registration in Alberta.

Pan-Canadian Acupuncturists Examination

The Pan-Canadian Examination (PCE) is a national assessment of entry-level acupuncture competencies, developed and administered by the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA).

The PCE is delivered at proctored test centres across Canada. Candidates must apply to write the PCE through the College; however, scheduling, administration, accommodation requests, and appeals are managed entirely by CARB-TCMPA. All candidates are required to comply with the examination rules and procedures established by CARB-TCMPA.

The PCE includes two components:

- Multiple-Choice (MC) Exam - A computer-based examination consisting of multiple-choice questions designed to evaluate the entry-level occupational competencies required for acupuncture practice.
- Clinical Case (CC) Exam - A computer-based examination featuring case-based questions that assess the candidate's ability to apply those competencies in clinical scenarios.

For information on the Pan-Canadian Acupuncturists Exam (PCE), refer directly to the CARB - TCMPA website, [Home - CARB-TCMPA](#)

CAA Examination

The College of Acupuncturists of Alberta administers three additional components to assess practical skills and safety knowledge:

- On-line Safety Module – An interactive e-learning module focusing on safety and risk management knowledge in acupuncture practice with a multiple-choice assessment.
- Modalities Exam – A practical assessment requiring candidates to demonstrate safe and competent use of acupuncture treatment modalities, including clean needle technique, acupuncture needling, moxibustion on a needle, and fire-cupping over a needle. This exam is performed on a simulation model (e.g., a foam mannequin) and evaluated by examiners.
- Acupuncture Point Exam – A practical assessment of acupuncture point location skills and related knowledge, including anatomical landmarks, indications, contraindications, and precautions. This exam is typically conducted on a standardized patient.

Language

All components of the Alberta Acupuncturists Registration Examination (AARE) are conducted in English only. Interpreters, translation aids, or language assistance of any kind are not permitted in any examination setting.

Examination Validity Period

A passing result for any examination component is valid for three (3) years from the date the examination was administered. If the three-year validity period expires before the candidate completes the registration process, they must retake the applicable examination component to be eligible for registration.

Examination Attempts

Candidates are permitted three attempts at each component of the registration examination. The Registrar or Registration Committee may grant approval for a fourth and final attempt if they determine that extenuating circumstances exist.

Candidates requesting a fourth attempt must submit a written request outlining the following:

- The reason(s) for requesting a fourth and final attempt
- Any extenuating circumstances that may have impacted previous exam performance
- A detailed explanation of the steps taken to better prepare, including any relevant continuing education, courses, upgrading or study plans.

Scoring and Evaluation

CAA Exams are assessed using standardized and objective evaluation methods to ensure fairness, consistency, and reliability in scoring.

Safety Module – is scored electronically through the examination platform.

Modalities and Acupuncture Points Exams - are evaluated by trained examiners and the Examination Committee in accordance with established scoring procedures.

Examiners are comprehensively trained and must meet the following criteria:

- Minimum 3 years of practice experience
- Active registration with the College and in good standing
- No affiliation with any acupuncture/TCM school for at least 3 years prior to serving as an examiner

Scoring Methodology

For the Modalities Examination, examiners use structured scoring sheets designed as detailed checklists to assess the candidate's performance objectively. Each checklist emphasizes essential skills related to acupuncture needling, clean needle technique, moxibustion, and fire-cupping, with a focus on safe and competent practice.

For the Acupuncture Points Examination, examiners pre-determine point locations on a standardized patient (male) and evaluate each candidate's accuracy of point location, as well as their knowledge of precautions and contraindications. Scoring is based on an established standard for point accuracy and clinical safety.

The scoring sheets are structured to emphasize critical competencies that reflect the minimum entry-level standards of practice, including technical proficiency, procedural safety, and fundamental clinical knowledge. Each examination station is designed to assess a candidate's ability to demonstrate safe, accurate, and professional practice.

The Examination Committee may review completed scoring sheets and examination recordings to verify accuracy, consistency, and adherence to established standards.

Further details regarding the scoring process and evaluation standards can be found in *Appendices C and D*.

Results

Examination results are released through the Member Portal within ten (10) weeks of the examination date. Results are issued as "pass" or "fail" only.

Candidates who are unsuccessful on the Pan-Canadian Examination will receive a performance profile report that identifies areas of relative strength and weakness.

A key element of the examination process is the use of a scientifically validated passing standard. For the CAA Exams, the College applies a scoring method that incorporates percentile ranks, percentage scores, and chance-score analysis. This approach supports fairness and consistency across different examination administrations and provides a clear distinction between candidates who meet the required competency standards and those who do not.

The Modalities and Acupuncture Points exams include a critical error component. Refer to *Appendices C and D* for the safety concerns that are considered critical errors. Any candidate who commits a critical error on these exams will automatically fail that exam. Candidates who fail an exam as a result of a critical error will receive a report detailing the error.

Retakes

For confidentiality reasons, examination results will not be provided by phone or email under any circumstances.

Candidates who do not achieve a passing result on one or more components of the Alberta Acupuncturists Registration Examination (AARE) may reattempt the unsuccessful component at a future administration. Each component is scored independently, and candidates are required to retake only the component(s) they did not pass.

Candidates are permitted up to three attempts for each examination component. If a candidate is unsuccessful after three attempts, they may request permission from the Registrar or Registration Committee to attempt the component a fourth and final time. Approval for a final attempt is granted only in exceptional circumstances and may require the candidate to complete additional upgrading, training, or coursework related to the competencies assessed by that component. Documentation confirming completion of such upgrading must be submitted as part of the request.

Candidates who need to retake a component must submit a new application and pay the applicable fees by the posted deadlines. The availability of retakes is subject to published examination schedules, and candidates are responsible for ensuring they register in time for the next administration.

Re-scores, Irregularities and Appeals

The College provides a formal process for candidates who wish to request a review of their examination results. Re-score and appeal options ensure fairness, transparency, and confidence in the integrity of the Alberta Acupuncturists Registration Examination (AARE).

CAA Re-score

Candidates who believe an error may have occurred in the scoring of their Modalities Exam or Acupuncture Points Exam may request a re-score. A re-score verifies that all scoring sheets, examiner checklists, and recorded results were accurately captured and processed.

Requests must be submitted through the College's Member Portal within thirty (30) days of the release of the examination results. Re-scores do not involve re-evaluating clinical performance or examiner judgment, rather the process is limited to confirming the accuracy of the recorded scoring.

Candidates will receive notification of the re-score outcome, and all re-score decisions are final. Re-score fees are non-refundable and non-transferable. However, if the re-score leads to a passing result, the re-score fee may be refunded. Refunds of the rescore fee shall be at the discretion of the Registrar or their designate.

Irregularities

If a candidate believes that a significant irregularity in the administration of the exam occurred for example, a documented incident that disrupted the exam or a deviation from the established exam procedure that unfairly impacted them, the candidate may submit a written complaint to the

Registrar outlining the concern. The College will review such complaints on a case-by-case basis to determine if any remedial action is warranted (such as offering a new attempt without fee, or investigating an examiner's conduct, etc.). These situations are expected to be rare, as the exam procedures are standardized and monitored.

Pan-Canadian Examination Appeals

Appeals related to the Pan-Canadian Examination (PCE), including concerns about scoring, exam administration, accommodations, or procedural fairness are managed entirely by the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA).

Candidates who wish to appeal any aspect of the Pan-Canadian Examination must follow CARB-TCMPA's established appeals policy and procedures. All requests must be submitted directly to CARB-TCMPA within the timelines and requirements set by their organization.

The College cannot overturn, alter, or review any Pan-Canadian Examination result or decision.

For detailed information on appeal grounds, processes, timelines, and required forms, candidates must consult CARB-TCMPA's official website.

Confidentiality and Security of Examination Materials

The integrity of the Alberta Acupuncturist Registration Examination relies on strict confidentiality and security. Protecting examination materials ensures fairness for all candidates and avoids the significant administrative and financial costs of replacing compromised content. Examination materials are safeguarded through all stages, development, review, reproduction, transport, disposal, and presentation on exam day, and are protected by copyright.

Candidates must adhere to the Rules of Conduct outlined in the following section. Any breach of these rules during the examination administration may result in denial of standing or withdrawal of previously granted standing. The College may also refuse re-admission to the examination. Candidates are required to comply with both the College's Rules of Conduct and the rules of any applicable third-party examinations.

Rules of Conduct

These rules of conduct apply to the CAA Online Safety Module, Modalities and Acupuncture Points Examinations. For Pan-Canadian Examination, candidates should refer to the Pan-Canadian Examination Candidate Handbook.

By participating in the examination, candidates agree to the following:

1. The examination and all its content are the exclusive property of the College.
2. Candidates must not remove any part of the examination from the test site or give or receive assistance from unauthorized individuals.
3. Silence must be maintained throughout the examination site; no communication between candidates or use of cell phones (calling or texting) is permitted.
4. Participation in any act of cheating may result in termination of examination participation, invalidation of results, or other appropriate action by the College.

Cheating includes any act or omission that could affect the results for oneself or others, including:

- Impersonation of a candidate by a non-eligible individual.
- Bringing unauthorized study materials to the examination.
- Giving or receiving assistance during the exam.
- Behavior that disturbs other candidates.
- Removing or attempting to remove examination materials, by any means, from the testing site.
- Sharing, receiving, or discussing examination content before, during, or after the exam.

Post-examination debriefings, while helpful for understanding, may provide an unfair advantage to future candidates if shared. Confidentiality of examination content should be treated with the same care as patient information; the duty to maintain confidentiality is ongoing.

Protocol for Suspected Irregular Behaviour

These protocols apply to the CAA Online Safety Module, Modalities and Acupuncture Points Examinations. For Pan-Canadian Examination, candidates should refer to the Pan-Canadian Examination Candidate Handbook.

If a candidate is suspected of cheating or engaging in irregular examination behaviour, the following procedures may be applied:

1. Examination staff may confiscate a candidate's test materials, along with any documents, objects, or electronic devices (e.g., smartphones, iPods, calculators, electronic translators) that could be used for cheating, and may require the candidate to leave the examination site.
2. A candidate suspected of cheating may be asked to change location within the examination area.
3. Examination staff will report any suspected irregular behaviour to the Examination Committee.
4. The Examination Committee will investigate the allegation and determine whether:
 - Cheating was not established, or
 - Cheating did occur.
5. If cheating is not established, the candidate's score will be released if possible, or the candidate may sit the next available examination without charge.
6. Cheating may be identified at any time after a candidate has registered, including after the examination or after results have been released.
7. If cheating is confirmed, one or more of the following actions may be taken:
 - The candidate will be deemed to have failed the examination.
 - The Committee will report its findings to the College.
 - The candidate may be subject to legal or disciplinary action.
 - Future access to the examination may be denied.

The Examination Committee reserves the right to video-record candidates or groups of candidates during examinations to maintain the integrity of the process.

Reports of Misconduct

Candidates who observe or become aware of any cheating, misconduct, or irregular examination behaviour are encouraged to report it. Reports should be made confidentially to examination site staff or directly to the Examination Committee.

When reporting, candidates should provide as much detail as possible, including the nature of the behaviour, the individuals involved, the time and location, and any supporting evidence. All reports will be treated seriously and investigated thoroughly by the Examination Committee.

Candidates who report concerns in good faith will be protected from any form of retaliation. Providing false or misleading information, however, may constitute a breach of the Rules of Conduct and may result in disciplinary action.

Maintaining the integrity of the examination is the responsibility of all candidates, and reporting observed irregularities helps ensure fairness for everyone.

Examination Procedures

These procedures apply to the CAA Online Safety Module, Modalities and Acupuncture Points Examinations. For Pan-Canadian Examination, candidates should refer to the Pan-Canadian Examination Candidate Handbook.

To ensure all examinations are conducted fairly and consistently, candidates must adhere to the following procedures:

1. **Check-in:** Before beginning any part of the examination, candidates must check-in by presenting at least one valid form of identification containing their name, photograph, and signature (e.g., passport or driver's license) to examination personnel on administration day.
2. **Restricted Access:** Only candidates, examiners, and examination personnel are permitted in the examination area. Entry by others requires permission from the Examination Committee. Candidates may not leave an examination room or the examination site without approval from the Examination Committee.
3. **Washroom Breaks:** Candidates requesting a washroom break will be escorted. Additional time will not be granted to compensate for the break.
4. **Confidentiality:** Candidates must not share any examination-related information with other candidates during or after the exam. Talking between candidates at the examination site is strictly prohibited.
5. **Return of Materials:** Upon completion of the exam, candidates must submit all examination booklets, answer sheets, and any notes (including blank or scrap paper) to an examiner or personnel.
6. **Acupuncture Nomenclature:** Candidates must use the World Health Organization's Standard Acupuncture Nomenclature (Parts 1 and 2) for all relevant responses. References are provided in *Appendix E*.
7. **Prohibited Items:** Candidates may not bring unauthorized study materials, bags, purses, cell phones, smart devices, electronic translators, tablets, computers, or any non-essential items into the examination area.
8. **Punctuality:** Candidates arriving late will not be permitted entry into the exam site. It is strongly recommended to arrive at least 30 minutes prior to the scheduled start time.

Additional Procedures

- **Modalities Exam:** This hands-on exam involves needling, moxibustion on a needle, and fire-cupping over a needle. Candidates must bring their own modalities supplies kit and maintain professional standards of hygiene, safety, and skill throughout the exam. Further details are available in *Appendix C*.
- **Acupuncture Points Exam:** Candidates will locate eight acupuncture points on a live standardized male patient. Use of a measurement tool (e.g., string or elastic) is recommended for accurate positioning. Candidates will also identify precautions and contraindications for each point on the provided worksheet. Further details are available in *Appendix D*.

These procedures are designed to maintain fairness, safety, and professional standards for all candidates.

Limits of Liability

The College and the Examination Committee make reasonable efforts to ensure the accuracy and completeness of the Candidate Handbook, examination resources, and reports. However, neither the College nor the Exam Committee are liable for any damages arising from errors or omissions in relation to the examinations. This includes, but is not limited to, personal, professional, or financial impacts such as loss of income, salary, or expenses incurred by a candidate, employer, or contractor.

It is the responsibility of each candidate, when registering for the Alberta Acupuncturist Registration Examination, to read and understand these limits of liability and to inform any relevant parties, such as employers, of these limits. By participating in the examinations, candidates agree not to take any action or initiate proceedings against the College, the Exam Committee, or their officers, employees, or agents for any act done in good faith, or for any neglect or default related to the examinations.

Appendix A References

Online Safety Module

- Safety Handbook for Alberta Acupuncturists (2024)

CAA Modalities Examination

Effective June 8, 2022, A Manual of Acupuncture by Peter Deadman et al. is the only reference text for the Modalities Exam.

- A Manual of Acupuncture by Peter Deadman et al. (June 25th, 2007)
Published by Eastland Press, 1240 Activity Drive, #D Vista, CA 92083, USA
ISBN: 0-9510546-7-8.

CAA Acupuncture Points Examination

Effective June 8, 2022, A Manual of Acupuncture by Peter Deadman et al. is the only reference text for the Acupuncture Points Exam.

- A Manual of Acupuncture by Peter Deadman et al. (June 25th, 2007)
Published by Eastland Press, 1240 Activity Drive, #D Vista, CA 92083, USA
ISBN: 0-9510546-7-8.

Appendix B Online Safety Module

The online safety module is a 1–2 hour e-learning module that includes interactive learning activities and a multiple-choice assessment. It is developed based on the College's Safety Handbook and is designed to strengthen candidates' understanding of safety and risk management in acupuncture practice.

Upon completing the module, candidates will learn to:

- Deliver acupuncture safely and ethically in compliance with relevant legislation and regulatory requirements.
- Apply best practices for infection prevention and control management.
- Apply best practices and safe techniques for acupuncture modalities.
- Respond effectively to clinical emergencies and adverse events.

After successful completion, the e-learning platform will generate a certificate. Ensure to keep a copy by taking a photo or saving a screenshot, as this certificate is the ONLY proof of completion. Candidates must submit the certificate for registration.

Appendix C CAA Modalities Examination

Effective June 8, 2022, *A Manual of Acupuncture* by Peter Deadman et al. is the only reference text for the CAA Modalities Exam.

This appendix provides the following information regarding the Modalities Exam:

1. Overview of the Station
2. General Guidelines
3. Instructions to Candidate
4. Candidate Worksheet
5. Candidate Procedure List
6. Scoring / Errors / Critical Errors
7. Re-score Report
8. Modalities Kit Supply List

Overview of the Station

This station will test your hands-on practical skills in the following areas:

- Professionalism
- Preparedness of Acupuncture Kit Supplies
- Infection control / hand-washing / aseptic techniques
- Obtaining Informed Consent
- Identifying acupuncture points
- Skin surface preparation
- Needling technique
- Moxibustion technique
- Cupping technique
- Demonstrating proper angle and depth of needle insertion
- Safe handling of materials
- Recognizing and responding to unexpected situations

The exam room will have one (1) examiner. The examiner will greet you and confirm your candidate ID. After this, you may open your acupuncture kit and refer to the Candidate Worksheet (*Figure 2*) for an overview of the three steps you must perform. Your examiner will prompt you to begin the setup of your supplies.

Note: This is a structured exam directed by the examiner. You must follow the examiner's instructions to facilitate proper scoring and workflow.

The room will contain a foam mannequin resting on a treatment table. A high-density pad will be on top of the foam mannequin. You may choose either the mannequin or the high-density pad to insert your needles. The high-density pad must be used for the cupping portion. There is a counter surface in the room for you to set up your supplies and equipment.

Note: The mannequin will provide a soft or loose feeling to inserting the needle, while the high-density pad will provide a firm or tight feeling.

You are allowed eighteen (18) minutes to complete this station. Your examiner will setup a timer in the exam room, the timer will sound when the time is up.

General Guidelines

- Your examiner will prompt you for each step. A Candidate Procedure List is posted in each exam room for candidate's convenience. Many prompts are general, and it is up to you to demonstrate your ability to complete the task. For example, your examiner will prompt you to "set up your clean field" but will not tell you how to do this. Similarly, you will be prompted to "proceed with Step 1 (Acupuncture) of the Candidate Worksheet and follow that instruction". There will be no further guidance until you finish this task, so when you wash your hands, how you prepare the skin surface, what angle or depth the needle goes in, etc., is up to you.
- The examiners are trained to intently watch your infection control skills. If you wash your hands and touch them to anything before you insert your needle (like your Candidate Worksheet or your head) your examiner will flag this. If you fail to mention to wash your hands again, you may receive a critical error.
- Always treat the foam mannequin as a living person. You may simply state things like "I let my patient know the risks associated with this procedure and I obtained informed consent", or "I inspect the skin for any lesions", etc...
- The foam mannequin is considered to be a 165 lb (75 Kg) male of average build.
- The foam mannequin provides a soft and generally loose feeling to inserting a needle. A cup will not achieve suction on this surface.
- The high-density pad provides a firm and generally tight feeling to inserting a needle. This surface is used for the cupping step as it is the only surface that will allow proper suction.
- If you make a mistake, inform the examiner you have made the mistake and redo the procedure. If you forget to wash your hands, simply state "I would have washed my hands before I did that last step". By this recognition you will possibly salvage that portion. Critical errors cannot be corrected at a later time.
- You must use the general body areas of the foam mannequin that correspond to the acupuncture point to insert your needle. For example, a point of the lower extremity should be placed on the lower extremity of the mannequin.
- If you are becoming sidetracked (i.e. wasting time) during this station, your examiner may give you a blunt instruction to move forward in efforts to keep you on time. With 18 minutes to complete this station you will need to properly manage your time.

Instructions to Candidate

You will be allotted time to review the Instructions to Candidate (*Figure 1*) for this station prior to entering the exam area. Note that there are two (2) pages.

Figure 1- Instructions to Candidate

CAA Modalities Exam

Alberta Acupuncturist Registration Examination Instructions to Candidate

Overview

In this clinical evaluation station, you are required to demonstrate competent procedures in three areas:

- Needle technique
- Moxibustion on a needle
- fire-cupping over a needle

You will have eighteen (18) minutes to complete this station.

Entering the Exam Staging Area

1. Enter the staging area only when prompted by exam staff.
2. The exam staff will lead you into the staging area.
3. Enter the exam room only when prompted by exam staff.

***No talking
unless you have
a specific
question for the
exam staff***

Entering the Exam Room – Timer Starts

1. Do not say your name in the exam room.
2. In the exam room you will see one (1) examiner and one (1) foam-mannequin on a table.
3. You will be provided with one (1) candidate worksheet, and pens/pencils.
4. There will be a counter surface for you to set up your materials for this station. You may open your supply kit when you enter. Wait until prompted by the examiner to set up.
5. It is recommended to review your candidate worksheet before you begin your set up.
6. The first prompt from your examiner will be "Please set up an appropriate sharps-container". The examiner will continue with prompts until the completion of this station.

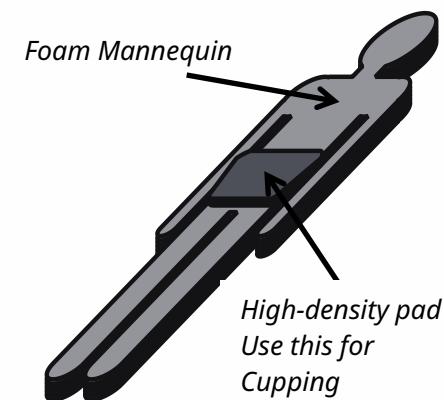
***The examiner
will prompt you
throughout this
station***

Procedures for this Station

1. Be sure to fill in your Candidate ID at the top of your Candidate Worksheet.
2. The Candidate Worksheet will list three (3) steps:
 - Step 1: requires you to demonstrate either one (1) tonifying (reinforcing) OR one (1) sedating (reducing) technique. You must insert the needle directly into the foam mannequin or the high-density pad. See *Figure A*.
 - Step 2: requires you to demonstrate moxibustion on a needle (warming needle) technique. You must insert the needle directly into the foam mannequin or the high-density pad. See *Figure A*.
 - Step 3: requires you to demonstrate fire-cupping over a needle technique. You must insert the needle into the high-density pad and place the cup over it. The high-density pad will allow suction for your cup. Your cup will not achieve suction on the foam-mannequin. See *Figure A*.
3. You must verbalize every instance of handwashing to the examiner. Failure to do so may result in a critical error. Your examiner will NOT prompt you to wash your hands. You do not need to verbalize the entire hand-washing protocol. Simply state, "I wash my hands".
4. Your examiner will give you prompts for each step. Many prompts will require you to use your knowledge to complete them. For example, the prompt "Set up your clean field" requires knowledge of how to perform this correctly.
5. This station doesn't require you to locate the acupuncture point, but you must be in the correct body area. For example, a knee point must be needled in the area of the mannequin's knee. The surface of the mannequin can be either front OR back. Do not flip the mannequin. You may reposition the high-density pad if necessary.
6. Proper needle technique, including depth, angle, and direction of insertion, must be followed for ALL THREE STEPS.
7. When you are finished, hand your Candidate Worksheet to your examiner.

The Foam Mannequin provides a soft surface to needle into. Cupping WILL NOT work here.

The High-density Pad provides a firm surface to needle into. Use this pad for cupping.



***Treat the
foam
mannequin as
a live patient!***

***Remember to
wash your
hands
regularly***

Candidate Worksheet

The Candidate Worksheet lists three (3) acupuncture points corresponding to the three (3) required steps in this station. Candidates must enter their Candidate ID and the exam date on the worksheet and hand it to the examiner before leaving the exam room.

Step 1 – Acupuncture

In the example provided, the point is GB 20 (Fengchi) with the instruction to demonstrate one tonifying (reinforcing) method. After you prepare your acupuncture supplies, the examiner will prompt you to begin. Once you have completed the technique, the examiner will instruct you to remove the needle and dispose of it safely.

The worksheet includes the headings “*Notes:*” and “*Length of needle to use:*” for your personal reference. These sections are intended to help you organize your thoughts and are not scored. You may use them as needed.

Step 2 – Moxa on a Needle (Warming Needle)

In the example, the point is BL 24 (Qihaishu). You will insert the needle, place the moxa cone on the needle, and ensure correct angle, depth, and patient protection. Do not ignite the moxa materials. You must only verbalize and demonstrate, through hand motions, how you would ignite the moxa if this were a live step.

Step 3 – Cupping Over a Needle

In the example, the point is BL 25 (Dachangshu). You will insert a needle into the high-density pad and perform fire-cupping over the needle. This is a live step, and you must use a flame to achieve suction with a glass cup. Ensure appropriate safety measures to protect yourself, the simulated patient, and the exam environment throughout this step.

Please refer to *Figure 2* for the sample Candidate Worksheet.

Figure 2 – Candidate Worksheet

Candidate Worksheet Part 4 - Modalities Clinical Evaluation	
Candidate ID:	
Track Number:	
Exam Date:	
STEP 1 Apply acupuncture to the acu-point GB 20 (Fengchi 風池) and demonstrate one (1) tonifying (reinforcing) technique.	
Notes:	Length of needle to use:
STEP 2 Apply moxa on a needle (warming needle) technique to the acu-point BL 24 (Qihai shu 氣海俞).	
Notes:	Length of needle to use:
STEP 3 Apply fire-cupping over a needle technique on the acu-point BL 25 (Dachangshu 大腸俞).	
Notes:	Length of needle to use:

Candidate Procedure List

The Candidate Procedure List shows the prompts your examiner will give you. It is recommended for candidates to utilize this list and the example Candidate Worksheet to practice for this station.

Procedural Steps

1. Set up an appropriate sharps-container
2. Set up a waste container
3. Set up a clean field
4. Consult your Candidate Worksheet and place AT LEAST one (1) appropriate acupuncture needle for each step on the clean field
5. Place AT LEAST three (3) pre-packaged alcohol swabs on the clean field
6. Place some cotton balls on the clean field
7. Proceed with STEP 1 - Acupuncture on the Candidate Worksheet and follow that instruction
8. Confirm the length of your needle for this step
9. Additional Procedural Step by the Examiner – the examiner will measure the angle and depth of your needle insertion with a protractor and a ruler
10. Withdraw the needle and dispose of it appropriately
11. Proceed with STEP 2 – Moxa on a Needle on the Candidate Worksheet and follow that instruction
12. Safely remove the moxibustion cone and supplies
13. Withdraw the needle and dispose of it appropriately
14. Proceed with STEP 3 - Fire-cupping Over a Needle on the Candidate Worksheet and follow that instruction
15. Remove the cup
16. Withdraw the needle and dispose of it appropriately
17. This station is now complete. Please pack up and exit the room in a timely manner

Scoring, Errors and Critical Errors

This station utilizes a structured and procedural scoring sheet that the examiner completes as you demonstrate your skills. It is important to follow the examiner's prompts and the procedure list to allow your examiner to properly score you and not interfere with your time management.

This station evaluates your entry-level procedures when applying various modalities. Some procedures when performed incorrectly, or missed altogether, will constitute an ERROR or a CRITICAL ERROR.

Errors are considered as any procedure, or lack of, that puts the patient, practitioner, or property at risk. For scoring purposes, an error will severely reduce your score in this station. These errors are as follows:

- Inappropriate sharps container used
- No waste-container present
- Counter-top not washed and disinfected prior to clean-field setup
- Clean field compromised

- Failure to mention hand washing
- Absence of alcohol swab applied to the skin surface
- Acupuncture needle shaft is touched by hand or moxa-shield
- Improper depth of insertion on non-critical areas (i.e. too deep)
- Failure to demonstrate at least one technique as stated in Step 1. (tonifying/reducing)
- Improper disposal of acupuncture needle
- Improper needle used for moxa on needle (i.e. plastic handle)
- Moxa-cone is not secure on needle
- Inappropriate material used for moxa heat shield (e.g. paper)
- Holding a flame directly over or too close to the patient's body
- No mention of properly sanitized cup
- Mishandling flammable materials (e.g., removing excess alcohol from a cotton ball with bare hand)
- Cup pushes needle deeper (over non-critical area)
- Flame overheats mouth of cup
- Failure to achieve suction with cup (3 attempts)
- Materials or equipment missing or not prepared
- Failing to complete the exam or any of the three main parts (Step 1, 2, or 3) within the allotted exam time*
- Other (unforeseen errors)

Critical errors occur when the patient or practitioner is placed in a substantial risk to their well-being. CRITICAL ERRORS CONSTITUTE AN AUTOMATIC FAIL on this station. Critical errors are as follows:

- Failure to mention hand washing more than once
- Failure to demonstrate OR mention glove use when your hands show lesions/rashes/etc.**
- Unsafe needling at an area that could damage the heart, lungs, or central nervous system, such as:
 - Inserting a needle too deeply (even if appropriate needling angle and direction is demonstrated)
 - Inserting a needle with an incorrect angle (even if appropriate needling depth and direction is demonstrated)
 - Inserting a needle at an incorrect direction (even if appropriate needling angle and depth is demonstrated) ***
- Failing to use a heatshield while performing moxibustion
- Dropping burning moxa onto the patient
- Other (unforeseen critical errors)

* The purpose of this exam is to evaluate your competency and safety in performing the treatment modalities. You will be required to complete any remaining steps after the timer goes off for safety evaluation purposes. No score will be awarded after the timer goes off.

** If you have lesions, warts, infections, cuts, rashes, blisters, or any other condition affecting your hands, you must either wear gloves or clearly state, "I will use gloves." Regardless of the option you

choose, you must verbally indicate every glove change during the examination. You must still state your handwashing as well.

***The high-density pad is marked with a midline/spine. you must demonstrate appropriate needling direction towards or away from the midline/spine. If you choose to needle the foam mannequin, they must indicate verbally of their needling direction towards or away from the midline/spine.

Re-score Report

If you believe an error may have occurred in the scoring of your examination, you may request a re-score. Re-score requests are first reviewed by the College Registrar or their designate and then forwarded to the Examination Committee (EC) for a detailed evaluation. The Committee reviews each request on a case-by-case basis and prepares a formal two-page Re-Scoring Report. (*Figure 3*).

During the re-score process, the Committee considers all relevant materials. This includes your written correspondence, which may help guide the review. The Committee will examine the examiner's scoring sheet for accuracy and comments, your Candidate Worksheet for discrepancies, and the full multiple-angle video recording of the station. They also assess examiner performance and consistency, as well as your performance, particularly in areas where marks were lost.

The purpose of the review is to determine whether any scoring errors occurred and to help you better understand areas for improvement should you need to retake the exam. If an error is confirmed and the result is changed to a pass, your score will be adjusted, and the re-score fee will be refunded.

Candidates should be aware that a critical error results in an automatic fail for the station. You will be informed of any critical error in your exam results. While you may still request a re-score, a critical error alone is not grounds for overturning the result unless a procedural or scoring error is identified.

A sample Re-Scoring Report is provided for reference. Please note that the examples shown are illustrative only and may not represent the exact relationship between specific errors and scoring outcomes.

Figure 3 – Re-score Report

Examination Re-scoring Report

Alberta Acupuncturist Registration Examination

CAA Modalities Exam

Overview

This Examination Review Report was generated as a result of your request for a reassessment of your performance in the Modalities Clinical Evaluation. This procedure was conducted by the CAA Examination Committee and involved the following steps:

1. Addressed any concerns as stated by you (the candidate)
2. Reviewed your Candidate Worksheet for completeness of answers
3. Rescored the Examiner's Scoring Sheets (this included ruling out any addition errors)
4. Reviewed multiple angle video footage of your station performance
5. Reviewed multiple angle video footage of your Examiner's performance
6. Feedback to provide to you from this re-scoring process
7. Adjusted your score if any discrepancy or Examiner error existed

Examination Committee Checklist

<input checked="" type="checkbox"/> Candidate Correspondence Reviewed	<input checked="" type="checkbox"/> Examiner Score Sheet Reviewed / Rescored
<input checked="" type="checkbox"/> Candidate Worksheet Reviewed	<input checked="" type="checkbox"/> Multiple Angle Video Footage Reviewed
<input checked="" type="checkbox"/> Candidate Performance Reviewed	<input checked="" type="checkbox"/> Examiner Performance Reviewed

Result of Re-scoring

Candidate ID	1234	Examination Date	Oct 15 th , 2000	Track Number	1
<input type="checkbox"/> Candidate Score Adjusted <input checked="" type="checkbox"/> Original Score Carried <input type="checkbox"/> Critical Error Observed (Automatic Fail)			Original Score (out of 85)	45	
			Final Re-score (out of 85)	45	
Re-scoring Date	Jan 7 th , 2001		EC Chair Signature	M. Chairperson	

Observations and Errors

- Inappropriate or no sharps container was used
- No waste-container was present
- Counter-top not washed and disinfected prior to clean-field setup
- Clean-field compromised
- Failed to mention hand-washing
- Absence of alcohol swab applied to the skin surface
- Acupuncture needle shaft was touched by hand or moxa-shield
- Improper depth of insertion on non-critical area (i.e. too deep)
- Failed to demonstrate at least one technique as stated in Step 1. (tonifying/reducing)
- Improper disposal of acupuncture needle
- Improper needle used for Moxa on needle (i.e. plastic handle)
- Moxa-cone not secure on needle
- Inappropriate material used for moxa heat shield (e.g. paper)
- Held a flame directly over or too close to the patient's body
- No mention of properly sanitized cup
- Mishandled flammable materials
- Cup pushed needle deeper (over non-critical area)
- Flame overheated mouth of cup
- Failed to achieve suction with cup (3 attempts)
- Materials/Equipment missing or not prepared
- Other:

Critical Errors

- Patient skin-surface contaminated (i.e. Not swabbed)
- Failed to mention Hand-washing more than once
- Failed to demonstrate OR mention glove use when hands showed lesions/rashes/etc.
- Inserted a needle too deeply or at an incorrect angle at a critical area
- Failed to use a heatshield when performing moxibustion
- Dropped burning moxa onto the patient
- Failed to complete the exam or any of the three main parts (Step 1, 2, or 3)

Exam Committee Comments

- There was no mention of washing or disinfecting the counter surface before setting up your clean-field.
- When you were preparing the skin for moxa on needle (Step 2) you swabbed the skin with multiple passes using the same cotton swab.
- Your needle from moxa on needle was left in your ashtray and not disposed of properly.

Modalities Kit Supply List

General Supplies

- Sharps Container - An impervious commercial-made container labeled and designed specifically as a disposal unit for contaminated needles.
- Waste Container - To be used for non-critical waste disposal. Large, re-sealable plastic bags are allowed.
- Small Biohazard Bag – For blood-soaked cotton balls, gloves and other biohazardous waste.
- At least one (1) pair of latex, nitrile, or vinyl gloves.
- Lighter - To be used to demonstrate during moxa on a needle, and to ignite an alcohol-soaked cotton ball during fire-cupping.
- Forceps - To be used to remove moxibustion and/or a “hot” needle, and to hold the cotton ball during fire-cupping (Kelly forceps are recommended).

Acupuncture Specific Supplies

- One (1) pre-packaged sterile-field or drape to use as your clean field
- At least five (5) 1 cun (1.0 inch/25mm), five (5) 1.5 cun (1.5 inch/40mm), and five (5) 2 cun (2.0 inch/50mm) pre-packaged, sterile, filiform needles with guide-tubes
- At least five (5) pre-packaged, sterile alcohol swabs
- At least ten (10) dry, clean cotton balls

Moxibustion on Needle Specific Supplies

- At least two (2) incense sticks
- At least two (2) needle moxa cylinders, or pre-formed moxa cones, or loose moxa to form cones (to be used on needle)
- A metal scoop, or half-split spoon, or forceps to remove the moxa from the needle
- A metal ashtray
- An appropriate heatshield at least 3 inches (7cm) in diameter.

Fire-Cupping Specific Supplies

- At least one (1) medium and one (1) large glass cup (must be pre-sanitized).
- 70 - 99% Isopropyl Alcohol (99% recommended).
- At least five (5) dry cotton balls to be soaked for ignition. You may use pre-soaked cotton balls if you prefer.

Appendix D CAA Acupuncture Points Examination

Effective June 8, 2022, *A Manual of Acupuncture* by Peter Deadman et al. is the only reference text for the CAA Modalities Exam.

This appendix provides the following information regarding the Acupuncture Points Exam:

1. Overview of the Station
2. General Guidelines and Tips
3. Instructions to Candidate
4. Candidate Worksheet
5. Scoring / Critical Errors
6. Re-score Report

Overview of the Station

This station will test your hands-on practical skills and knowledge in the following areas:

- Correctly locate the location of eight (8) acupuncture points. To be successful at this component, candidates need to possess the knowledge and skills listed below:
 - Knowledge of nomenclature and location descriptions of acupuncture points
 - Knowledge of the essential body positioning for needling of these acupuncture points when applicable.
 - Knowledge of the best body positioning (clinically required for locating an acupuncture point, safe and comfortable) for those acupuncture points.
 - Knowledge of surface anatomy when applicable.
 - Hands-on skill in identifying anatomical landmarks to locate acupuncture points when applicable.
 - Knowledge and hands-on skills of proportional measurements when applicable.
 - Hands-on skill in accurately measuring distances on different parts of a human body to locate acupuncture points.
 - Hands-on skill in measuring straight lines on a patient to locate acupuncture points when applicable.
- Knowledge of precautions and contraindications of acupuncture points
- Knowledge about acupuncture points that have risks to cause harm to lungs, central nervous system and heart (critical precautions).

For the purposes of the Acupuncture Points, critical precaution is stringently defined as the measure required to prevent serious injuries to the three vital areas, lungs, central nervous system, and heart of the body. The Exam Committee recognizes that injuries to these vital areas may cause irreversible health consequences and lacking the knowledge of critical precaution of an acupuncture point which may pose severe safety concerns to the public. As such, failing to recognize these critical precautions constitutes a critical error that results in an automatic fail.

The exam room will have one (1) examiner and a live standardized patient. You will receive a 2-page Candidate Worksheet (*Figure 2*) that lists eight (8) acupuncture points. (Please be noted that some acupuncture points consist of 2 or more points as a group.) You are required to locate points on

the standardized patient and select precautions and contraindications pertaining to those acupuncture points. You may opt to complete any of the requested tasks in any order of your preference. You are allowed sixteen (16) minutes to complete this station. Your examiner will setup a timer in the exam room, the timer will sound when the time is up.

After you have left the room, the examiner will compare your adhesive dots to the pre-marked locations to score your point location. The examiner will use an answer key to score the precautions and contraindications.

General Guidelines and Tips

At this station, the examiner is as silent as possible. After the greeting and brief instruction, you may proceed independently unless you require assistance or the examiner has instructions for you.

Point Location

- Be familiar with location descriptions, location methods, location notes, and precautions and contraindications.
- It is recommended to group the acupuncture points according to their body positions to use time more efficiently. (i.e. Prone, supine, lateral)
- This is a simulated station. Although your communication and professionalism are not evaluated in this station, you must still treat the standardized patient as a real patient.
- You may use the adhesive dots for temporary marking. Just be sure to remove them so there is no confusion for the examiner.
- Determine the best body positions for the points you will locate to more accurately find the locations. "best body positions" including "essential body positions" that are required for needling, positions required for better locating some acupoints, and most safe and comfortable positions. For example, it is not advised to locate back-shu points with the patient in sitting position.
- An inappropriate patient body position may affect the accuracy of your location.
- When applicable, using anatomical landmark descriptions first and supplementing with measuring methods to locate the point is most appropriate.
- When it comes to length measurement, in general, proportional are more accurate than quick-cun measurements. For example, when determining 3 cun in the upper abdomen, measuring 3/8ths from the sterno-costal angle to the umbilicus is more accurate than 1 handbreadth.
- When it comes to measuring, tools (cun-meters, graduated elastics, etc.) are more accurate than just hand-measuring and visual approximation.
- Although how you find the locations is not evaluated, tools are allowed and encouraged to improve the accuracy of straight-line measurements and proportional measurements. If you choose to use your hands only to measure (not recommended), make sure that have mastered this method to ensure accuracy.
- In general, your locating methods and skills are not evaluated. The examiner uses the key to assess your location accuracy (i.e. does your dot touch or overlap the pre-marked point). Some acupuncture points require certain body positions to needle them. You MUST instruct the standardized patient to position properly when you are placing the adhesive dots or you

may not receive full marks. For example, for SI19 (Tinggong), you MUST place the dot with the patient's mouth open.

- Some Extra Points, such as Ex-LE 7 (Lanwei) require verbal interaction with the patients to correctly locate them.
- Finalize your location by placing the adhesive dot only when the patient is in the safest or indicated position, if any, to perform acupuncture. Consider placement of the adhesive dots simulates inserting acupuncture needles.
- You are NOT ALLOWED to use sharp objects to press or leave marks on standardized patients.
- The examiners regularly test the adhesive dots for "stickiness", by rubbing and pushing them after being stuck to the skin surface. The standardized patient flips front to back several times to make sure the dots are up to standards. Standardized patients are shaved, if necessary, to assure the utmost fastening of the dots. In the rare event that an adhesive dot falls off, the examiners will make notes and multiple-angle video footage will be utilized to determine the original accuracy.

Precautions and Contraindications

- Remember to check Precautions/Contraindications boxes for EACH acupuncture point to meet the "Expected Number of Responses".
- Candidates MUST check the "No Precautions/Contraindications" box for points that have no specific precautions or contraindications.
- If you find the standard boxes don't have the answer you want to check, you may also select the "Other (provide explanation)" box and provide a brief explanation. See the sample Candidate Worksheet in *Figure 2*.
- There may be more correct answers than the said "Expected Number of Responses". The candidates MUST include the critical precaution (i.e. risks causing harm to lungs, central nervous system, and heart), if any. Failing to identify a critical precaution will result in a critical error.
- Checking more responses than "Expected Number of Responses" will not affect your marks as long as they are ALL correct. Each incorrect response will result in a deduction proportional to the ratio of correct and incorrect responses.
- In this section, A Manual of Acupuncture (Deadman, Eastland Press) is the chief reference, in compliment with other references. When there are discrepancies, the examiner will consider all mentioned precautions or contraindications to be correct.

Instructions to Candidate

You will be allotted time to review the Instructions to Candidate (*Figure 1*) for this station prior to entering the exam area. Note that there are two (2) pages.

Figure 1 – Instructions to Candidate

CAA Acupuncture Points Exam

Alberta Acupuncturist Registration Examination

Instructions to Candidate

Overview

In this clinical evaluation station, you are required to demonstrate competent procedures and knowledge in:

- Identifying the location of eight (8) acupuncture points on a live standardized patient
- Indicating their respective precautions and contraindications

You will have sixteen (16) minutes to complete this station.

Entering the Exam Staging Area

1. Enter the staging area only when prompted by exam staff.
2. The exam staff will lead you into the staging area.
3. Enter the exam room only when prompted by exam staff.

***No talking
unless you have
a specific
question for the
exam staff***

Entering the Exam Room – Timer Starts

1. Do not say your name in the exam room.
2. In the exam room you will see one (1) examiner, one (1) standardized patient (male), and possibly one (1) videographer.
3. You will be provided with one (1) candidate worksheet, adhesive dots for marking point location and pens.
(You are encouraged to bring your own measuring devices
(Ex. Ruler, cun-meters, cun-tapes)
4. The Candidate Worksheet will list eight (8) acupuncture points for you to mark the locations of on the standardized patient. It also includes an answer sheet for you to indicate precautions and contraindications for each acupuncture point.
5. Start marking acupuncture point locations as soon as you are ready. Do not wait for your examiner to prompt you!

***The Candidate
Worksheet
consists of two
(2) pages!***

Marking the Locations

1. You are required to let the examiner know which acupuncture point you are locating and verbalize your locating procedures (your actions).
2. You may choose any side of the body unless specially instructed by the examiner or unless the acupuncture point is only located on one side.
3. It is recommended to use graduated elastics, strings, and other non-pointing devices for straight-line and proportionate measurements.
4. All acupuncture points are pre-marked on the standardized patient using clinically relevant body positions. For example, back-shu points are marked in prone position rather than sitting.
5. Place an adhesive dot on each acupuncture point you locate. The dot must overlap the pre-marked acupuncture point in order to obtain a full score. Dots that don't overlap but still touch the edges of the pre-marked point will receive a half-score. See *Figure b*.
6. When a specific body-position is required for needling, you MUST position the patient properly to place the adhesive dot.
7. You may use other adhesive dots for land-marking or measuring purposes but be sure to remove them when you are finished locating. Only the eight (8) acupuncture points should remain.
8. If an acupuncture point requires two (2) dots, be sure to place two adhesive dots to be deemed correct.

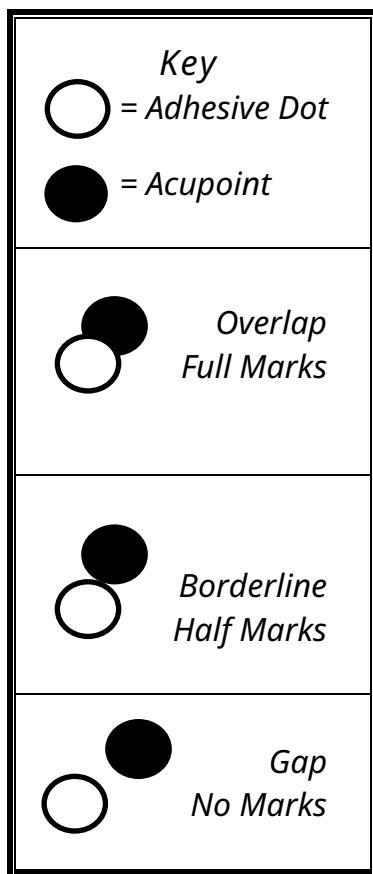


Figure b. Scoring System

Completing the Candidate Worksheet

1. Fill in your *"Candidate ID"* and *"Exam Date"* at the top of your Candidate Worksheet.
2. Under each acupuncture point on the Candidate Worksheet are a list of precautions and contraindications. Each acupuncture point has a separate column, and the number of expected responses is listed at the top just below the point names. For example, an acupuncture point that should not be needled deeply and is contraindicated in pregnancy will have two (2) expected responses.
3. If you feel the provided terminology does not match your reference, you may use the *"Other (provide explanation)"* heading near the bottom of the page. Write a simple description in the blank space provided. For example, you may write *"Avoid Lung"* instead of choosing the *"No Deep Needling"* (if the acupoint has risk to the lung).
4. If an acupuncture point has no precautions or contraindications, the number of expected responses is still *"one (1)"* and not *"zero (0)"*. The correct response would be to check *"No Precautions/Contraindications"* at the bottom of the page.
5. Failure to indicate a response that can cause harm to the lungs, heart, or central nervous system (CNS) will constitute a critical error and an automatic fail for this station.
6. When you are finished, hand your two-page Candidate Worksheet to your examiner.

Candidate Worksheet

The Candidate Worksheet for this station consists of two (2) pages. Fill in your Candidate ID and the exam date at the top of the sheet. Four (4) acupuncture points are listed near the top of the sheet for both pages 1 and 2 for a total of eight (8) acupuncture points.

In this example, the points listed are ST 36 (Zusanli), GB 21 (Jianjing), CV 8 (Shenque), and GV 15 (Yamen). Below the point names are the "Expected Number of Responses". Even though ST 36 (Zusanli) has no specific precautions or contraindications, the expected number of responses is still one (1) because you must choose "No Precautions/Contraindications" at the bottom of the list.

In this example, GB 21 (Jianjing) has "2" expected responses. Besides "No Deep Needling", "Contraindicated in Pregnancy" also applies. This example shows an alternate method of stating this by the "Other (provide explanation)" category. Here we have inserted "Avoid Lungs" to illustrate this. Both answers are deemed correct. See *Figure 2*.

If you have more answers in mind than "Expected Number of Responses", you may choose to select any one you see fit. However, you MUST NOT miss the critical precautions/contraindication (i.e. risks that may harm the lungs, central nervous system, or heart), if there is any. Failing to identify a critical precaution/contraindication will result in a critical error which is an automatic fail. For example, if the "Expected Number of Responses" is "1" on GB-21 (Jianjing), you must recognize the risks of pneumothorax as a critical precaution and correctly identify it to earn full marks. You may check more than "Expected Number of Responses", as you recognize that GB-21 (Jianjing) is also contraindication for pregnancy, and earn full marks provided that all checked responses are correct.

Please refer to *Figure 2* for the sample Candidate Worksheet.

Figure 2 – Candidate Worksheet

Canadidate Worksheet Part 5 - Acupuncture Points CAAA Safety Examination				PAGE 1 of 2
Candidate ID:				Track Number:
	ST 36	GB 21	CV 8	GV 15
	Zusanli	Jianjing	Shenque	Yamen
	足三里	肩井	神阙	哑门
	Expected Number of Responses	1	2	1
MODALITY				
No Acupuncture			X	
No Moxibustion				
PATIENT TYPE				
Contraindicated in Pregnancy		X		
Contraindicated in infants				
NEEDLE DIRECTION/DEPTH				
No Deep/Perpendicular Needling				
No Needling Towards Medial Aspect				
No Needling Towards Lateral Aspect				
No Needling Upwards				X
No Needling Downwards				
AVOIDANCE AND OTHER				
Avoid Nerve/Artery/Vein				
Other (provide explanation)		Avoid Lungs		
No Precaution / Contraindications	X			

Figure 2 is an example and reflects only 1 of 2 pages

Scoring and Critical Errors

For this station, the examiner will silently watch your point location, and they may take notes while you work. When applicable, they will watch for proper patient positioning for those points that require essential body positions. For example, for SI19 (Tinggong), you MUST place the dot with the patient's mouth open.

Most of the evaluation is done when you leave the exam room at which time the examiner will compare your adhesive dot locations against the pre-marked locations on the standardized patient (See *Figure 3*).

The examiner will score your Precautions and Contraindications with an answer key. If you fail to recognize the Critical Precautions or Contraindications, (i.e. risks causing harm to lungs, central nervous system and heart) pertaining to an acupuncture point, you will receive a critical error.

Critical errors constitute an automatic fail for this station. If you make a mistake that gives you a critical error, you will be notified when you receive your examination results.

Scoring is determined as follows:

- For each correct point location, a candidate earns 3 marks. (Some acupuncture points such as Ex-UE 9 (Baxie) consist of 2 or more points as a group.)
- For each borderline point location, a candidate earns 1.5 marks.
- For each incorrect point location, a candidate earns 0 marks.
- For each correct Precautions and Contraindications, a candidate earns 1 mark.
- For each failed Essential Body Position (position required for needling), a candidate loses 50% of the marks he/she has earned from that acupoint location.
- Some acupoints (i.e. Ex-LE 6 Dannang & Ex-LE 7 Lanwei) require a verbal verification from patients to find. Failing to do verbal verification from patients results in a loss of 50% of the candidate's marks earned from that acupoint location.
- When multiple responses selected by a candidate while only some of them are correct, the candidate earns a portion of 1 mark that is proportional to the correct/error ratio of the responses.
- When a candidate makes a critical error (i.e. fail to recognize the risks may cause harm to lungs, central nervous system and heart), it constitutes an automatic fail for this station.

Re-score Request

If you believe an error may have occurred in the scoring of your examination, you may request a re-score. Re-score requests are first reviewed by the College Registrar or their designate and then forwarded to the Examination Committee (EC) for a detailed evaluation. The Committee reviews each request on a case-by-case basis and prepares a formal two-page Re-Scoring Report. (*Figure 3*).

During the re-score process, the Committee considers all relevant materials. This includes your written correspondence, which may help guide the review. The re-scoring process includes the following:

- Review the examiner's scoring sheet for clerical and human errors

- Compare your Candidate Worksheet with examiner's scoring sheet, and other reference material to identify potential errors in original scoring
- When needed, review the multiple-angle video footage for irregularity in the procedure that may affect your performance

The purpose of the review is to determine whether any scoring errors occurred and to help you better understand areas for improvement should you need to retake the exam. If an error is confirmed and the result is changed to a pass, your score will be adjusted, and the re-score fee will be refunded.

Candidates should be aware that a critical error results in an automatic fail for the station. You will be informed of any critical error in your exam results. While you may still request a re-score, a critical error alone is not grounds for overturning the result unless a procedural or scoring error is identified.

A sample Re-Scoring Report is provided for reference. Please note that the examples shown are illustrative only and may not represent the exact relationship between specific errors and scoring outcomes.

Figure 3 – Re-score Report

Examination Re-scoring Report

Alberta Acupuncturist Registration Examination

CAA Acupuncture Point Exam

Overview

This Examination Review Report was generated as a result of your request for a reassessment of your performance in the Acupuncture Point Clinical Evaluation. This procedure was conducted by the CAA Examination Committee and involved the following steps:

1. Addressed any concerns as stated by you (the candidate)
2. Reviewed your Candidate Worksheet for completeness of answers
3. Rescored the Examiner's Scoring Sheets (this included ruling out any addition errors)
4. Reviewed multiple angle video footage of your station performance
5. Reviewed Multiple Angle Video Footage of your Examiner's performance
6. Feedback to provide to you from this re-scoring process
7. Adjusted your score if any discrepancy or Examiner error existed

Examination Committee Checklist

<input checked="" type="checkbox"/> Candidate Correspondence Reviewed	<input checked="" type="checkbox"/> Examiner Score Sheet Reviewed / Rescored
<input checked="" type="checkbox"/> Candidate Worksheet Reviewed	<input checked="" type="checkbox"/> Multiple Angle Video Footage Reviewed
<input checked="" type="checkbox"/> Candidate Performance Reviewed	<input checked="" type="checkbox"/> Examiner Performance Reviewed

Result of Re-scoring

Candidate ID	1234	Examination Date	Oct 15 th , 2000	Track Number	2
<input type="checkbox"/> Candidate Score Adjusted <input checked="" type="checkbox"/> Original Score Carried <input type="checkbox"/> Critical Error Observed (Automatic Fail)			Original Score (out of 32)	15	
			Final Re-score (out of 32)	15	
Re-scoring Date	Jan 7 th , 2001		EC Chair Signature	M. Chairperson	

Observations

The chart below outlines the possible reasons you may not have received full marks on this section. The acupuncture points listed are those where:

- Your adhesive dot did not touch or overlap the pre-marked point, and/or
- You did not apply or recognize required patient positioning, and/or
- You missed the required precautions or contraindications.

Your score is based solely on the placement of your adhesive dot in relation to the pre-marked point on the standardized patient, and on your correct identification of precautions and contraindications. There is no scoring penalty associated with the specific method you use to locate the acupuncture points.

Acupuncture Point	BL25	ST36	GB21	CV8	GB20		
Acu-point Identification					X		
Location Knowledge							
Patient Positioning							
Essential Patient Positioning							
Locating Landmarks	X				X		
Locating Techniques	X						
Measurement (cun/proportions)		X					
Straight Line Measurement							
Precautions/Contraindications			X	X			
Critical Errors							
Other:							

Exam Committee Comments

BL 25 - The sticker was placed 1 inch superior to the correct location.

ST 36 - The sticker was placed 1 inch distal to the correct location.

GB 21 - The sticker was placed 1 inch medial to the correct location.
Be familiar with the pre-caution and contraindication for this point.

CV 8 - Be familiar with the pre-caution and contraindication for this point.

GB 20 - You possibly located GB 12 instead.

Appendix E Standard Nomenclature

Standard Acupuncture Nomenclature (Parts 4&5) as published by the World Health Organization Contents

Part 1

Introduction.....	E 1
Lung Meridian.....	E 5
Large Intestine Meridian.....	E 5
Stomach Meridian.....	E 6
Spleen Meridian.....	E 7
Heart Meridian.....	E 7
Small Intestine Meridian.....	E 8
Bladder Meridian.....	E 8
Kidney Meridian.....	E 10
Pericardium Meridian.....	E 10
Triple Energizer Meridian.....	E 11
Gallbladder Meridian.....	E 12
Liver Meridian.....	E 13
Governor Vessel Meridian.....	E13
Conception Vessel Meridian.....	E 14
ANNEX – LIST OF EQUIVALENT ALPHABETIC CODES OF MERIDIAN NAMES	E 15

Standard Acupuncture Nomenclature Introduction

Acupuncture as a medical science dates back more than 2500 years to the first Chinese dynasties. It has been constantly evolving since that time, particularly during the last 300 years, and more especially since 1950, when acupuncture science came to be widely developed, both in theory and practice.

Its development in China, with its many dialects, as well as in neighbouring countries where such languages as Japanese, Korean and Vietnamese are spoken, has given rise to a great many differences in nomenclature. Certain acupuncture points have a number of different names, while the different ways of pronouncing the same Han (Chinese) characters, and a variety of translations and transliterations have all added to the current confusion.

Efforts to develop a uniform nomenclature have been going on for some time. In 1965, the Japan Meridian and Points Committee was established, which recommended a tentative standard Japanese name for each acupuncture point, and an international numbering system. In China, the All China

Acupuncture and Moxibustion Society established a committee which has developed a standard nomenclature. Since then, several other countries have formed national nomenclature committees.

With a view to achieving global agreement on a standard acupuncture nomenclature, the World Health Organization Regional Office for the Western Pacific has to date sponsored four regional meetings:

- Working Group on the Standardization of Acupuncture Nomenclature, Manila, December 1982.
- Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, May 1984.
- Second Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, July 1985.
- Third Working Group on the Standardization of Acupuncture Nomenclature, Seoul, June 1987.

After basic agreement at the regional level, a Scientific Group To Adopt A Standard International Acupuncture Nomenclature was held in Geneva in October-November 1989.

The working group in Manila agreed that there were a total of 361 classical acupuncture points and that the order of meridians and acupuncture points would be based on the circulation pattern of the meridians as currently perceived in China, Japan, Republic of Korea and Viet Nam.

It proposed that the standard nomenclature should consist of three essential elements, as follows: (1) alphanumeric code; (2) the Chinese phonetic alphabet (Pinyin) name; and (3) the Han (Chinese) characters of the meridian and the acupuncture point.

The alphanumeric code facilitates international exchange but lacks meaning from a therapeutic point of view and can lead to ambiguity, as exemplified by the meridian code of H, which can stand for both heart and liver (hepar), depending on the sources used. Nonetheless, the working group, noting that international exchange on acupuncture, at least in the Western Pacific Region, is mainly conducted in English, recommended that the alphanumeric code should be derived from the English language translation of the meridian names.

The Han character is widely used in oriental medicine in China, Japan, Republic of Korea, Singapore and Hong Kong, and gives the meridian and the acupuncture point name a meaning of therapeutic value which often defies translation. It should therefore be an essential element of the standard acupuncture

nomenclature. It was also agreed that by using the Han characters, the original form of writing would be used with a simplified version of the characters in parentheses.

As we have observed, Han characters are difficult for non-Han-using readers, so it is important that their meaning should be expressed in other languages. The Chinese phonetic alphabet (Pinyin) names of the meridians and acupuncture points allow readers to pronounce them accurately. These names also facilitate the formation of an alphabetic index and thus make the study of acupuncture, especially the meaning of the Han characters, easier for those who do not use the Han language.

At the Manila meeting in 1982, the principle for deciding alphabetic codes of meridians was as follows:

1. When the Han character for a meridian consists of two characters, an alphabetic code consisting of two capital letters, one for each Han character, is used.
2. When the character for a meridian consists of one character, an alphabetic code of one capital letter is used.
3. When different meridians have the same alphabetic codes, a lower-case letter is added to distinguish them. For example, L is used for Lung meridian and Liv for liver meridian; S is used for Stomach meridian and Sp for Spleen meridian.

At the Geneva meeting in 1989, this was again reviewed. The system adopted at the Manila meeting was used for seven years. Members of WHO regions other than the Western Pacific were also present at this meeting. Some of the participants found the code adopted in Manila somewhat confusing and difficult to remember. After careful discussion, it was agreed that each alphabetic code should consist of two capital letters.

The former and revised codes are as follows:

Name of Meridian Alphabetic Code

	Former	Revised
	(Manila, 1982)	(Geneva, 1989)
1. Lung Meridian	L	LU
2. Large Intestine Meridian	LI	LI
3. Stomach Meridian	S	ST
4. Spleen Meridian	Sp	SP
5. Heart Meridian	H	HT
6. Small Intestine Meridian	SI	SI
7. Bladder Meridian	B	BL
8. Kidney Meridian	K	KI
9. Pericardium Meridian	P	PC
10. Triple Energizer Meridian	TE	TE
11. Gallbladder Meridian	G	GB
12. Liver Meridian	Liv	LR
13. Governor Vessel	GV	GV
14. Conception Vessel	CV	CV

With regard to the last two, the working group in Hong Kong in 1985 studied the concept of the "Eight Extra Meridians". These are the Governor Vessel Meridians and Conception Vessel Meridian, adopted by the working group in Manila in 1982, plus six extra meridians. These were recognized and it was decided to omit the word "Meridians" after the Governor Vessel and Conception Vessel in order to standardize the nomenclature of the eight extra meridians. This was also adopted at the Geneva meeting in 1989.

The working group in Manila noted that if the acupuncture point name is accompanied by an explanation of the meaning of the Han character it would become more useful. Therefore the All China Acupuncture and Moxibustion Society has attempted to describe the acupuncture points briefly in terms of the basic theory of traditional Chinese medicine, such as Yin-Yang, Zhang-Fu, Qi, blood and anatomy, the Five Elements, as well as the clinical effects of acupuncture.

The text was adopted at the Regional Consultation Meeting in Tokyo in 1984, subject to minor revision. The final version was accepted after a careful discussion, particularly among members from China and Japan, during the working group meeting in Hong Kong in 1985. Then careful editing was done to make the English as precise as possible without changing the original meaning.

The working group in Manila also recommended that the equivalent names and code names of the acupuncture points as used in various countries should be collected, collated, verified and published, together with the standard acupuncture nomenclature.

This multilingual comparative list of acupuncture nomenclature was developed by Dr Wang Deshen, a member of the working group, and published as Standard Acupuncture Nomenclature, WHO Regional Publications, Western Pacific Series No.1, in 1984.

Lung Meridian, LU
Shoutaiyin Feijing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LU 1	Zhongfu	中府	LU 7	Lieque	列缺
LU 2	Yunmen	云门	LU 8	Jingqu	经渠
LU 3	Tianfu	天府	LU 9	Taiyuan	太渊
LU 4	Xiabai	侠白	LU 10	Yuji	鱼际
LU 5	Chize	尺泽	LU 11	Shaoshang	少商
LU 6	Kongzui	孔最			

Large Intestine Meridian, LI
Shouyangming Dachangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LI 1	Shangyang	商阳	LI 11	Quchi	曲池
LI 2	Erjian	二间	LI 12	Zhouliao	肘髎
LI 3	Sanjian	三间	LI 13	Shouwuli	手五里
LI 4	Hegu	合谷	LI 14	Binao	臂臑
LI 5	Yangxi	阳溪	LI 15	Jianyu	肩髃
LI 6	Pianli	偏历	LI 16	Jugu	巨骨
LI 7	Wenliu	温溜	LI 17	Tianding	天鼎
LI 8	Xialian	下廉	LI 18	Futu	扶突
LI 9	Shanglian	上廉	LI 19	Heliao	禾髎
LI 10	Shousanli	手三里	LI 20	Yingxiang	迎香

Stomach Meridian, ST

Zuyangming Weijing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
ST 1	Chengqi	承泣	ST 24	Huaroumen	滑肉门
ST 2	Sibai	四白	ST 25	Tianshu	天枢
ST 3	Juliao	巨髎	ST 26	Wailing	外陵
ST 4	Dicang	地仓	ST 27	Daju	大巨
ST 5	Daying	大迎	ST 28	Shuidao	水道
ST 6	Jiache	颊车	ST 29	Guilai	归来
ST 7	Xiaguan	下关	ST 30	Qichong	气冲
ST 8	Touwei	头维	ST 31	Biguan	髀关
ST 9	Renying	人迎	ST 32	Futu	伏兔
ST 10	Shuitu	水突	ST 33	Yinshi	阴市
ST 11	Qishe	气舍	ST 34	Liangqiu	梁丘
ST 12	Quepen	缺盆	ST 35	Dubi	犊鼻
ST 13	Qihu	气户	ST 36	Zusanli	足三里
ST 14	Kufang	库房	ST 37	Shangjuxu	上巨虚
ST 15	Wuyi	屋翳	ST 38	Tiaokou	条口
ST 16	Yingchuang	膺窗	ST 39	Xiajuxu	下巨虚
ST 17	Ruzhong	乳中	ST 40	Fenglong	丰隆
ST 18	Rugen	乳根	ST 41	Jiexi	解溪
ST 19	Burong	不容	ST 42	Chongyang	冲阳
ST 20	Chengman	承满	ST 43	Xiangu	陷谷
ST 21	Liangmen	梁门	ST 44	Neiting	内庭
ST 22	Guanmen	关门	ST 45	Lidui	厉兑
ST 23	Taiyi	太乙			

Spleen Meridian, SP
Zutaiyin Pijing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
SP 1	Yinbai	隐白	SP 12	Chongmen	冲内
SP 2	Dadu	大都	SP 13	Fushe	府舍
SP 3	Taibai	太白	SP 14	Fujie	腹结
SP 4	Gongsun	公孙	SP 15	Daheng	大横
SP 5	Shangqiu	商丘	SP 16	Fuai	腹哀
SP 6	Sanyinjiao	三阴交	SP 17	Shidou	食窦
SP 7	Lougu	漏谷	SP 18	Tianxi	天溪
SP 8	Diji	地机	SP 19	Xiongxiang	胸乡
SP 9	Yinlingquan	阴陵泉	SP 20	Zhourong	周荣
SP 10	Xuehai	血海	SP 21	Dabao	大包
SP 11	Jimen	箕门			

Heart Meridian, HT
Shoushaoyin Xinjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
HT 1	Jiquan	极泉	HT 6	Yinxi	阴郄
HT 2	Qingling	青灵	HT 7	Shenmen	神门
HT 3	Shaohai	少海	HT 8	Shaofu	少府
HT 4	Lingdao	灵道	HT 9	Shaochong	少冲
HT 5	Tongli	通里			

Small Intestine Meridian, SI
Shoutaiyang Xiaochangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
SI 1	Shaoze	少泽	SI 11	Tianzong	天宗
SI 2	Qiangu	前谷	SI 12	Bingfeng	秉风
SI 3	Houxi	后溪	SI 13	Quyuan	曲垣
SI 4	Wangu	腕骨	SI 14	Jianwaishu	肩外俞
SI 5	Yanggu	阳谷	SI 15	Jianzhongshu	肩中俞
SI 6	Yanglao	养老	SI 16	Tianchuang	天窗
SI 7	Zhizheng	支正	SI 17	Tianrong	天容
SI 8	Xiaohai	小海	SI 18	Quanliao	颧髎
SI 9	Jianzhen	肩贞	SI 19	Tinggong	听宫
SI 10	Naoshu	臑俞			

Bladder Meridian, BL
Zutaiyang Pangguangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
BL 1	Jingming	睛明	BL 13	Feishu	肺俞
BL 2	Zanzhu	攢竹	BL 14	Jueyinshu	厥陰俞
BL 3	Meichong	眉衝	BL 15	Xinshu	心俞
BL 4	Quchai	曲差	BL 16	Dushu	督俞
BL 5	Wuchu	五處	BL 17	Geshu	膈俞
BL 6	Chengguang	承光	BL 18	Ganshu	肝俞
BL 7	Tongtian	通天	BL 19	Danshu	膽俞
BL 8	Luoque	絡卻	BL 20	Pishu	脾俞
BL 9	Yuzhen	玉枕	BL 21	Weishu	胃俞
BL 10	Tianzhu	天柱	BL 22	Sanjiaoshu	三焦俞
BL 11	Dazhu	大杼	BL 23	Shenshu	腎俞
BL 12	Fengmen	風門	BL 24	Qihaishu	氣海俞

BL 25	Dachangshu	大腸俞	BL 47	Hunmen	魂門
BL 26	Guanyuanshu	關元俞	BL 48	Yanggang	陽綱
BL 27	Xiaochangshu	小腸俞	BL 49	Yishe	意舍
BL 28	Pangguangshu	膀胱俞	BL 50	Weicang	胃倉
BL 29	Zhonglushu	中膂俞	BL 51	Huangmen	肓門
BL 30	Baihuanshu	白環俞	BL 52	Zhishi	志室
BL 31	Shangliao	上髎	BL 53	Baohuang	胞肓
BL 32	Ciliao	次髎	BL 54	Zhibian	秩邊
BL 33	Zhongliao	中髎	BL 55	Heyang	合陽
BL 34	Xialiao	下髎	BL 56	Chengjin	承筋
BL 35	Huiyang	會陽	BL 57	Chengshan	承山
BL 36	Chengfu	承扶	BL 58	Feiyang	飛揚
BL 37	Yinmen	殷門	BL 59	Fuyang	跗陽
BL 38	Fuxi	浮郄	BL 60	Kunlun	崑崙
BL 39	Weiyang	委陽	BL 61	Pushen	僕參
BL 40	Weizhong	委中	BL 62	Shenmai	申脈
BL 41	Fufen	附分	BL 63	Jinmen	金門
BL 42	Pohu	魄戶	BL 64	Jinggu	京骨
BL 43	Gaohuangshu	膏肓俞	BL 65	Shugu	束骨
BL 44	Shentang	神堂	BL 66	Zutonggu	足通谷
BL 45	Yixi	譴譴	BL 67	Zhiyin	至陰
BL 46	Geguan	膈關			

Kidney Meridian, KI
Zushaoyin Shenjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
KI 1	Yongquan	涌泉	KI 15	Zhongzhu	中注
KI 2	Rangu	然谷	KI 16	Huangshu	肓俞
KI 3	Taixi	太溪	KI 17	Shangqu	商曲
KI 4	Dazhong	大钟	KI 18	Shiguan	石关
KI 5	Shuiquan	水泉	KI 19	Yindu	阴都
KI 6	Zhaohai	照海	KI 20	Futonggu	腹通谷
KI 7	Fuliu	复溜	KI 21	Youmen	幽门
KI 8	Jiaoxin	交信	KI 22	Bulang	步廊
KI 9	Zhubin	筑宾	KI 23	Shenfeng	神封
KI 10	Yingu	阴谷	KI 24	Lingxu	灵墟
KI 11	Henggu	横骨	KI 25	Shencang	神藏
KI 12	Dahe	大赫	KI 26	Yuzhong	彧中
KI 13	Qixue	气穴	KI 27	Shufu	俞府
KI 14	Siman	四满			

Pericardium Meridian, PC
Shaojueyin Xinbaojing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
PC 1	Tianchi	天池	PC 6	Neiguan	内关
PC 2	Tianquan	天泉	PC 7	Daling	大陵
PC 3	Quze	曲泽	PC 8	Laogong	劳宫
PC 4	Ximen	郗门	PC 9	Zhongchong	中冲
PC 5	Jianshi	间使			

Triple Energizer Meridian, TE
Shoushaoyang Sanjiaojing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
TE 1	Guanchong	关冲	TE 13	Naohui	臑会
TE 2	Yemen	液门	TE 14	Jianliao	肩髎
TE 3	Zhongzhu	中渚	TE 15	Tianliao	天髎
TE 4	Yangchi	阳池	TE 16	Tianyou	天牖
TE 5	Waiguan	外关	TE 17	Yifeng	翳风
TE 6	Zhigou	支沟	TE 18	Qimai	瘛脉
TE 7	Huizong	会宗	TE 19	Luxi	颠息
TE 8	Sanyangluo	三阳络	TE 20	Jiaosun	角孙
TE 9	Sidu	四渎	TE 21	Ermen	耳门
TE 10	Tianjing	天井	TE 22	Erheliao	耳和髎
TE 11	Qinglengyuan	清冷渊	TE 23	Sizhukong	丝竹空
TE 12	Xiaoluo	消泺			

Gallbladder Meridian, GB

Zushaoyang Danjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
GB 1	Tongziliao	瞳子髎	GB 23	Zhejin	辄筋
GB 2	Tinghui	听会	GB 24	Riyue	日月
GB 3	Shangguan	上关	GB 25	Jingmen	京门
GB 4	Hanyan	颌厌	GB 26	Daimai	带脉
GB 5	Xuanlu	悬颅	GB 27	Wushu	五枢
GB 6	Xuanli	悬厘	GB 28	Weidao	维道
GB 7	Qubin	曲鬓	GB 29	Juliao	居髎
GB 8	Shuaigu	率谷	GB 30	Huantiao	环跳
GB 9	Tianchong	天冲	GB 31	Fengshi	风市
GB 10	Fubai	浮白	GB 32	Zhongdu	中渎
GB 11	Touqiaoyin	头窍阴	GB 33	Xiyangguan	膝阳关
GB 12	Wangu	完骨	GB 34	Yanglingquan	阳陵泉
GB 13	Benshen	本神	GB 35	Yangjiao	阳交
GB 14	Yangbai	阳白	GB 36	Waiqiu	外丘
GB 15	Toulinqi	头临泣	GB 37	Guangming	光明
GB 16	Muchuang	目窗	GB 38	Yangfu	阳辅
GB 17	Zhengying	正营	GB 39	Xuanzhong	悬钟
GB 18	Chengling	承灵	GB 40	Qiuxu	丘墟
GB 19	Naokong	脑空	GB 41	Zulinqi	足临泣
GB 20	Fengchi	风池	GB 42	Diwuhui	地五会
GB 21	Jianjing	肩井	GB 43	Xiaxi	侠溪
GB 22	Yuanye	渊腋	GB 44	Zuqiaoyin	足窍阴

Liver Meridian, LR
Zujueyin Ganjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LR 1	Dadun	大敦	LR 8	Ququan	曲泉
LR 2	Xingjian	行间	LR 9	Yinbao	阴包
LR 3	Taichong	太冲	LR 10	Zuwuli	足五里
LR 4	Zhongfeng	中封	LR 11	Yinlian	阴廉
LR 5	Ligou	蠡沟	LR 12	Jimai	急脉
LR 6	Zhongdu	中都	LR 13	Zhangmen	章门
LR 7	Xiguan	膝关	LR 14	Qimen	期门

Governor Vessel Meridian, GV
Dumai Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
GV 1	Changqiang	长强	GV 15	Yamen	哑门
GV 2	Yaoshu	腰俞	GV 16	Fengfu	风府
GV 3	Yaoyangguan	腰阳关	GV 17	Naohu	脑户
GV 4	Mingmen	命门	GV 18	Qiangjian	强间
GV 5	Xuanshu	悬枢	GV 19	Houding	后顶
GV 6	Jizhong	脊中	GV 20	Baihui	百会
GV 7	Zhongshu	中枢	GV 21	Qianding	前顶
GV 8	Jinsuo	筋缩	GV 22	Xinhui	囟会
GV 9	Zhiyang	至阳	GV 23	Shangxing	上星
GV 10	Lingtai	灵台	GV 24	Shenting	神庭
GV 11	Shendao	神道	GV 25	Suliao	素髎
GV 12	Shenzhu	身柱	GV 26	Shuigou	水沟
GV 13	Taodao	陶道	GV 27	Duiduan	兑端
GV 14	Dazhui	大椎	GV 28	Yinjiao	龈交

Conception Vessel Meridian, CV

Renmai Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
CV 1	Huiyin	会阴	CV 13	Shangwan	上脘
CV 2	Qugu	曲骨	CV 14	Juque	巨阙
CV 3	Zhongji	中极	CV 15	Jiwei	鸠尾
CV 4	Guanyuan	关元	CV 16	Zhongting	中庭
CV 5	Shimen	石门	CV 17	Shanzhong	膻中
CV 6	Qihai	气海	CV 18	Yutang	玉堂
CV 7	Yinjiao	阴交	CV 19	Zigong	紫宫
CV 8	Shenque	神阙	CV 20	Huagai	华盖
CV 9	Shuifen	水分	CV 21	Xuanji	璇玑
CV 10	Xiawan	下脘	CV 22	Tiantu	天突
CV 11	Jianli	建里	CV 23	Lianquan	廉泉
CV 12	Zhongwan	中脘	CV 24	Chengjiang	承浆

List of Equivalent Alphabetic Codes of Meridian Names

	Meridian	S.C.*	Other alphabetic codes used +	
1	Lung Meridian	LU	I	F, Lu, Lu, P
2	Large Intestine	LI	II	CO, Co, Dch, DI, Di, GI, IC, IG, Li
3	Stomach	ST	III	E, Est, M, Ma, S, St, V,W
4	Spleen Meridian	SP	IV	B, Bp, LP, RP, RT, Rt, Sp
5	Heart Meridian	HT	V	C, HE, He, H, Ht, X
6	Small Intestine Meridian	SI	VI	Dii, ID, IG, IT, Si, Xch
7	Bladder Meridian	BL	VII	B, BI, PG, UB, V,Vu
8	Kidney Meridian	KI	VIII	K, Ki, N, NI, Ni, R, RN, Rn, Sh
9	Pericardium Meridian	PC	IX	CS, CX, ECs, EH, HC, Hc, KS, MC, MdH, P, Pe, XB
10	Triple Energizer Meridian	TE	X	DE, T, TB, TH, TR, TW, SC, SJ, 3E, 3H
11	Gallbladder Meridian	GB	XI	D, G, Go, VB, VF
12	Liver meridian	LR	XII	F, G, H, LE, Le, LIV, LV, Lv, Liv
13	Governor Meridian	GV	XIII	DM, DU, Du, GG, Go, Gv, LG, Lg, T, TM, VG, Vg
14	Conception Meridian	CV	XIV	Co, Cv, J, JM, KG, Kg, REN, Ren, RM, VC,Vc

- * This is part of the alphabetic code element of the standard acupuncture nomenclature proposed by the WHO Regional Working Group on the Standardization of Acupuncture Nomenclature
- + Some of the alphabetic codes shown here have already been discarded but may still have been used in older documents. They have therefore been included in this list.

Standard Acupuncture Nomenclature (Parts 4&5) as published by the World Health Organization

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Introduction

With a view to achieving global agreement on a standard acupuncture nomenclature, the World Health Organization Regional Office for the Western Pacific has to date sponsored four regional meeting:

- (a) Working Group on the Standardization of Acupuncture Nomenclature, Manila, December 1982;
- (b) Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, May 1984;
- (c) Second Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, July 1985; and
- (d) Third Working Group on the Standardization of Acupuncture Nomenclature, Seoul, June 1987.

The Manila meeting in 1982 established the nomenclature structure of the meridian and acupuncture points, and reached a consensus on 361 classical acupuncture points.

The Tokyo meeting in 1984 approved the standard nomenclature of 31 extra points and adopted brief explanations covering 361 classical acupuncture point names, the standard nomenclature of scalp acupuncture and the basic lines for locations of acupuncture points, except the Lateral Cranial Line and the Lateral Abdominal Line.

The Hong Kong meeting in 1985 approved 17 extra and new points, the standard nomenclature of the eight extra meridians, with the exception of "Chongmai", and the Standard English nomenclature of the basic technical terms of acupuncture.

The Seoul meeting in 1987 finalized the standard nomenclature of the eight extra meridians, developed the standard nomenclature of selected auricular points, acupuncture needles and unit for location of meridians and acupuncture points, finalized the standard nomenclature of forty-eight extra points, and adopted guidelines for development of the acupuncture chart.

A pamphlet entitled Standard Acupuncture Nomenclature was published and copies were distributed throughout the world. In 1984, a booklet entitled Standard Acupuncture Nomenclature, giving a comparative multilingual list in English, French, Japanese, Korean and Vietnamese, was also published as a WHO Regional Publication, Western Pacific Series No. 1. This is now under revision, including the explanation of acupuncture point names.

The present pamphlet consists of six sections:

- (1) Standard nomenclature of basic technical terms of acupuncture;
- (2) Standard nomenclature of eight extra meridians;
- (3) Standard nomenclature of extra points;
- (4) Standard nomenclature of scalp acupuncture;
- (5) Standard nomenclature of acupuncture needle;
- (6) Standard nomenclature of the unit of measurement;

Standard Nomenclature of Basic Technical Terms of Acupuncture

There have been differences in the English nomenclature of basic technical terms of acupuncture. For instance, Jing(經) was sometimes translated as "meridian", but at other times as "channel". Another example is Zhenjiuxue (針灸穴), which was translated as "acupuncture point". The following standard nomenclature was adopted at the meeting held in Hong Kong in 1985:

Meridians	Jing	經
Collateral	Luo	絡
Meridian and Collateral	Jingluo	經絡
Main Meridian	Zhengjing	正經
Extra Meridian	Qijing	奇經
Meridian Point	Jingxue	經穴
Extra Point	Qixue	奇穴
Acupuncture point	Zhenjiuxue	針灸穴

Standard Nomenclature of Eight Extra Meridians

At the meeting in Hong Kong in 1985, after a careful and detailed study and debate, the nomenclature for extra meridians was adopted with the exception of "Chongmai".

The term "Eight Extra Meridians" which includes the Conception and Governor Vessel Meridian plus six extra meridians, was officially recognized as the corporate title of this group.

It was unanimously decided to omit the terms "meridian" after Conception Vessel and Governor Vessel in order to standardize the nomenclature of the eight extra meridians.

The members were required to find a suitable English equivalent for "Chongmai" and to report to the Third Regional Working Group.

At the meeting in Seoul in 1987, "Chongmai" was again discussed. Each member, such as Infusion Vessel, Sea Vessel, Gush Vessel, Flush Vessel, Charging Vessel and Ancestral Vessel proposed various names. Most of the suggestions referred to the description in Neijing (内经Yellow Emperor's Classic of Medicine) i.e. 'sea of the blood and gas'. Members from China, however, noted that it was impossible for them to find a suitable English equivalent.

After a lengthy discussion, the terms Charging, Flush, Gush, Infusion were grouped as one with similar meaning, and considering the alphanumeric code, it was finally decided to use Flush Vessel and the abbreviation FV, with a footnote 'Further investigation of a more suitable English nomenclature might be necessary'.

Thus, the nomenclature of the eight extra meridians is as follows:

GV	Dumai	督脈	Governor Vessel
CV	Renmai	任脈	Conception Vessel
FV	Chongmai	冲脈	Flush Vessel
BV	Daimai	帶脈	Belt Vessel
YinHV	Yinqiaomai	陰蹻脈	Yin Heel Vessel
YangHV	Yangqiaomai	陽蹻脈	Yang Heel Vessel
YinLV	Yinweimai	陰維脈	Yin Link Vessel
YangLV	Yangweimai	陽維脈	Yang Link Vessel

**Further investigation of a more suitable English nomenclature might be necessary.*

Standard Nomenclature of Extra Points

At the Tokyo meeting in 1984, 31 extra points were adopted, all of which are those recorded in medical classics and widely used. At the Hong Kong meeting in 1985, 5 extra points and 12 new points were adopted using the following criteria:

- 1) The points should be common use
- 2) They must be clinically effective
- 3) They must have a clear anatomical location
- 4) They must be at least 0.5 cun away from a classical acupuncture point
- 5) If an extra point has the same name as an existing points, a prefix must be added to it

At the Seoul meeting in 1987, a suitable nomenclature for all the 48 acupuncture points was discussed. After careful consideration, it was unanimously agreed that all points outside the 361 classical acupuncture points should be called Extra Points. This should include all new points introduced after 1901 AD, including 12 new points adopted in Hong Kong, namely, Qiuhou, Shangyingxiang, Yiming, Dingchuan, Yaoyi, Xiazhishi, Yaotongdian, Wailaogong, Lanwei, Dannang, Neixiyuan and Xinei. Thus, all told, the Working Group adopted 48 extra points.

The alphanumeric code of these 48 extra points was then discussed. The following principles were established, and the alphanumeric code was adopted:

- 1) Head, neck and trunk regions, from the higher to the lower level;
- 2) Upper and lower extremities, from the proximal to the distal level and, if at the same level, from the medial to lateral.

The following standard nomenclature was adopted for the 48 extra points.

Head and Neck (Toujing 頭頸)

Ex-HN 1	Sishencong	四 神 聰
Ex-HN 2	Dangyang	当 阳
Ex-HN 3	Yintang	印 堂
Ex-HN 4	Yuyao	鱼 腰
Ex-HN 5	Taiyang	太 阳
Ex-HN 6	Erjian	耳 尖
Ex-HN 7	Qiuhou	球 后
Ex-HN 8	Bitong	鼻 通
Ex-HN 9	Neiyingxiang	内 迎 香
Ex-HN 10	Juquan	聚 泉
Ex-HN 11	Haiquan	海 泉
Ex-HN 12	Jinjin	金 津
Ex-HN 13	Yuye	玉 液
Ex-HN 14	Yiming	翳 明
Ex-HN 15	Jingbailao	颈 百 劳

Chest and Abdomen (Xiongfu 胸腹)

Ex-CA 1	Zigong	子 宫
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Back (Bei 背)

Ex-B 1	Dingchuan	定 喘
Ex-B 2	Jiaji	夹 脊
Ex-B 3	Weiwanxiashu	胃 脾 下 瘀
Ex-B 4	Pigen	痞 根
Ex-B 5	Xiajishu	下 极 瘀
Ex-B 6	Yaoyi	腰 宜
Ex-B 7	Yaoyan	腰 眼
Ex-B 8	Shiqizhui	十 七 椎
Ex-B 9	Yaoqi	腰 奇

Upper Extremities (Shangzhi 上肢)

Ex-UE 1	Zhoujian	肘 尖
Ex-UE 2	Erbai	二 白
Ex-UE 3	Zhongquan	中 泉
Ex-UE 4	Zhongkui	中 魁
Ex-UE 5	Dagukong	大 骨 空
Ex-UE 6	Xiaogukong	小 骨 空
Ex-UE 7	Yaotongdian	腰 痛 点
Ex-UE 8	Wailaogong	外 劳 宫
Ex-UE 9	Baxie	八 邪
Ex-UE 10	Sifeng	四 缝
Ex-UE 11	Shixuan	十 宣

Lower Extremities (Xiazhi 下肢)

Ex-LE 1	Kuangu	骭 骨
Ex-LE 2	Heding	鹤 顶
Ex-LE 3	Baichongwo	百 虫 窝
Ex-LE 4	Neixiyan	内 膝 眼
Ex-LE 5	Xiyan	膝 眼
Ex-LE 6	Dannang	胆 囊
Ex-LE 7	Lanwei	阑 尾
Ex-LE 8	Neihuajian	内 踝 尖
Ex-LE 9	Waihuajian	外 踝 尖
Ex-LE 10	Bafeng	八 风
Ex-LE 11	Duyin	独 阴
Ex-LE 12	Qiduan	气 端

Standard Nomenclature of the Unit of Measurement

At the Seoul meeting in 1987, the Working Group discussed the unit for location of meridians. It was reported that different units were in use. Some countries used the term "inch" or other equivalent units in English. However, most of the countries used the cun/Cun, or tsun/Tsun.

After a long discussion, it was decided to use the cun (non-italicized) as the standardized nomenclature for the unit.

It was also noted that there were two different ways of defining the cun. Therefore, it was also decided that the following standard nomenclature should be used in each measurement method*:

B-Cun	Gudu Fencun	骨度分寸	Bone proportional Cun
F-Cun	Shouzhi Tongshencun	手指同身寸	Finger Cun

The Working Group also discussed standardization of the measurement of parts of the body using the Cun.

Thirty-six parts of the body mentioned in Neijing (內經 : Canon of Medicine) were reviewed one by one. The following criteria were used:

- 1) Commonly used
- 2) Easy to measure
- 3) Clearly defined anatomically
- 4) Not controversial among the members

Some controversial parts were left for further investigation.

Standard measurements of six parts of the body were adopted as follows:

- 1) From the upper border of the Manibrium to the end of the body of the Sternum = 9 B-Cun
- 2) From the end of the body of the Sternum to the Umbilicus = 8 B-Cun
- 3) From the Umbilicus to the upper border of the symphysis pubis = 5 B-Cun
- 4) From the Medial Malleolus to the ground = 3 B-Cun
- 5) From the great Trochanta to the knee joint =19 B-Cun
- 6) From the knee joint to the prominence of Lateral Malleolus = 16 B-Cun

* For the Acupuncture Points Station, B-Cun/Gudu Fencun/骨度分寸/Bone proportional Cun method prevails when there is discrepancy between these 2 methods.

Appendix F Version History

Date	Notes
Dec 9, 2025	Revised to include updated information, improved clarity, and removal of sections that will be incorporated into the Examination Application Guide. New College formatting and style guide.