



COLORADO BOARD OF CHIROPRACTIC EXAMINERS POLICIES

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ADMINISTRATIVE

10-1 ADMINISTRATION

Incorporated with Delegation of Authority Policy 10-10 March 11, 2010.

10-2 CHILD SUPPORT ENFORCEMENT

Incorporated with Delegation of Authority Policy 10-10 March 11, 2010.

10-3 SIGNING AUTHORITY

Incorporated with Delegation of Authority Policy 10-10 March 11, 2010.

10-4 INTERVIEWS ON BOARD MATTERS

Interviews shall not be given to the media by Board members without permission of the Board, and request for interviews should be referred to the Program Director or other designated person.

Adopted June 4, 1981; Revised March 18, 1993; Revised May 19, 2005; Revised March 11, 2010

10-5 COMPLAINT WITHDRAWAL

If the complaint is withdrawn and has not been investigated at all, the complaint and the letter of withdrawal would be provided to the Board at its next meeting. However, investigation would proceed as an initiated complaint at the Board's discretion. The Board would be notified of all factors at the time the matter is reviewed by the Board.

If the complaint is withdrawn while staff is obtaining a response from the licensee, the Board may initiate its own complaint, and staff will continue its process. The Board would be provided with all pertinent information available at the time the matter is reviewed by the Board.

If the complaint is withdrawn after the matter has been referred to the Office of Investigations, the Board may initiate its own complaint in which case OI will continue its process. The Board would be provided with all pertinent information at the time the matter is reviewed by the Board. If investigation cannot continue because of lack of cooperation with the complainant, the Board will be notified.

Adopted July 26, 2001; Revised May 19, 2005; Revised March 11, 2010

10-6 GUIDELINES FOR CLOSURE OF, DEPARTURE FROM, A CHIROPRACTIC PRACTICE

Repealed March 11, 2010

10-7 ANONYMOUS COMPLAINTS

It is the policy of the Board to discourage anonymous complaints. Further, the Board will not automatically investigate anonymous complaints. Rather, they will be subject to review on a case-by-case basis.

Revised November 13, 2008; Revised March 11, 2010

10-8 RELEASE OF INVESTIGATORY FILE INFORMATION

It is the policy of the Board that, under no circumstances, will investigatory file information regarding dismissed complaints be released to managed care entities, clinics, or hospitals. Upon receipt of an appropriately executed release by the licensee, staff may provide confirmation of dismissed complaints. If a complaint was dismissed with a confidential letter of concern, staff is to confirm only that the complaint was dismissed and is not to disclose information regarding the confidential letter of concern.

Revised November 13, 2008; Revised March 11, 2010

10-9 GUIDELINES FOR BOARD REVIEW OF CERTIFICATION PROGRAMS

It is the position of the Colorado State Board of Chiropractic Examiners that it requires: the individual curriculum vitae of instructors and presenters, a course description, a full course syllabus and any additional information requested by the Board, for it to review and approve a program requesting certification. It is the policy of the Board for programs to submit this information every three years for renewed program approval.

Revised May 28, 2009; Revised March 11, 2010

10-10 DELEGATED AUTHORITY

The Board delegates to the Program Director or designee the authority to:

1. Sign Stipulations and Final Agency Orders, and other orders authorized by the Board.
2. Sign Suspension Orders as required by the Child Support Enforcement Program.
3. Perform the initial review of complaints relating to the practice of persons under the Board's jurisdiction and to issue 30-day letters relating to the complaints.
4. Sign and issue subpoenas and otherwise gather information in order to assist the Board in carrying out its duties.

5. Initiate complaints and issue 30-day letters to licensees currently under Stipulation or other Final Board Order if, in the opinion of the Program Director or designee, the licensee has failed to comply with any of the terms of the Stipulation or other Final Board Order.
6. Initiate complaints and issue 30-day letters where otherwise authorized by the Board.
7. Utilize services of the Office of Investigations as warranted to carry out duties of the Board.
8. Approve practice monitor reports after consultation with the Board President or other designated Board person.
9. Issue appropriate discipline to expired licenses including confidential letters of concern and letters of admonition per policies 10-10 and 40-6.
10. Provide information and notice to Board Members in a timely manner on matters concerning the status of legislative bills that may affect the Board's operation, ability to carry out its duty, and the intent of its statutes.
Adopted October 10, 1996; Revised May 19, 2005
11. Suspend and reinstate the licenses of practitioners who are in violation and subsequently in compliance of the Child Support Enforcement Act as notified by the Colorado Department of Human Services.
Adopted June 25, 1998; Revised May 19, 2005
12. Sign Letters of Admonition, Cease and Desist Orders, Stipulations and Final Agency Orders and other formal actions of the Board, once approved by the Board.
Adopted January 8, 2004
13. Sign subpoenas for investigation of Board matters. The Assistant Attorney General is authorized to enforce the subpoena.
Adopted May 17, 1984, Reaffirmed October 13, 1994; Revised May 19, 2005
14. Issue the Board's Procedural Order Regarding Review of Initial Decision, which the Program Director or designee shall issue upon receipt of all initial decisions.
15. Perform additional delegated duties as set forth in other Board policies.

16. Approve Continuing Education coursework for stipulations after consultation with the Board President or other designated Board person.
17. Enter a record indicating when a respondent has complied with all terms of a stipulation and no other issues or complaints are pending before the Board regarding the Respondent.
18. Request patient records only (rather than a full investigation) from the Office of Investigations in the instance of an Insurance Fraud Complaint.

The Board delegates authority to the Board Staff to initiate a complaint without a Board meeting when a complaint has been received in the office that should not wait for the next scheduled meeting. If this occurs, the complaint will be placed on the agenda for the next meeting for full Board review and ratification.

The Board delegates to Board Staff the authority to share information with other licensing or law enforcement agencies on matters received pursuant to Sections 12-33-117 and 12-33-126.

The Board delegates to the Office of Licensing the authority to license chiropractors by examination and reciprocity as well as to award acupuncture, electrotherapy, and animal chiropractic authority to applicants who meet all requirements. The Board will review applications where there is uncertainty if requirements are met. At each meeting, the Board will be asked to ratify a list of the applicants administratively licensed or certified since the previous meeting.

LICENSING

- 20-1 ADMINISTRATIVE LICENSING**
Incorporated with Policy 10-10 March 11, 2010
- 20-2 APPLICANTS FOR LICENSURE**
Repealed March 11, 2010
- 20-3 QUALIFICATION FOR ELECTROTHERAPY CERTIFICATION**
Repealed March 11, 2010
- 20-4 QUALIFICATION FOR RECIPROCITY**
Repealed March 11, 2010

PRACTICE

30-1 CONTINUING EDUCATION CREDIT - INSTRUCTOR

Continuing Education Credit will be granted, on an hour-for-hour-taught basis, to an instructor who prepares and teaches a continuing education program, for the first time in compliance with Rule 10 of no more than 10 hours per year.

Adopted July 24, 1986; Revised January 11, 1996; Revised March 11, 2010

30-2 CONTINUING EDUCATION CREDIT - MEDIATION

Continuing Education Credit will be granted, on an hour for hour basis, to any person approved by the Board who participates in mediation, arbitration, and other disciplinary resolution activities on behalf of the Board, up to 10 hours per year.

30-3 CONTINUING EDUCATION CREDIT - EXAMINER

Continuing Education Credit will be granted, on an hour for hour basis, to any person approved by the Board who serves as an Examiner for the Part IV Examination administered by the National Board of Chiropractic Examiners, up to 10 hours per year.

Revised March 11, 2010

30-4 NONCOMPLIANCE WITH CONTINUING EDUCATION

Any licensee who does not provide proper documentation of the required 30 hours of continuing education when requested during the audit may be required to complete three times the continuing education hours they lack within 90 days of the audit's completion. If the licensee complies, no disciplinary action may be taken. The licensee is also subject to a minimum fine of \$1,000.

Approved May 13, 2004; Revised May 19, 2005, Revised March 11, 2010

30-5 CONTINUING EDUCATION CREDIT

Repealed March 11, 2010

30-6 CONCERNING UNLICENSED ACTIVITIES

Repealed March 11, 2010

30-7 DETERMINATION OF SCOPE OF PRACTICE

In determining whether a specific individual act or practice is within the lawful scope of practice of a licensed Colorado chiropractor, the Board may consider the following:

- If the act is allowed by statute,

- if it advances or is not harmful to the life, health, property and the public welfare of the people of this State,
- if the procedure is taught at or through a CCE accredited chiropractic college or equivalent,
- if the practitioner has demonstrated competency through didactic and clinical training.

The Board then may also consider if the act or practice constitutes generally accepted practice among Colorado chiropractors and its basis in:

- doctoral (professional) level didactic and clinical training
- post-doctoral (post-professional) level didactic and clinical training

30-8 PRACTICES WHICH ARE NOT WITHIN THE SCOPE OF CHIROPRACTIC

Repealed March 11, 2010

30-9 PRACTICES WITHIN THE SCOPE OF CHIROPRACTIC PRACTICE BY STATUTE ARE:

Practices within the scope of chiropractic in Colorado include, but are not limited to:

- Use of spirometry devices for therapeutic or diagnostic purposes.
- Ordering or performing of CT scan, MRI, and thermography
- Use of TENS therapy by licensees who are qualified to practice electrotherapy.
- All blood, saliva, urine and hair laboratory testing consistent with the clinical presentation.
- All forms of physiotherapy and oxygen therapy
- Paraspinal surface electromyography
- Nerve conduction velocity (NCV)
- Needle electromyography
- Electrocardiography (EKG/ECG)
- Electrotherapy/Physical Remedial Measures
- Animal chiropractic
- Acupuncture
- Dry needling
- Manipulation under anesthesia (MUA)

Topical administration in conjunction with acupuncture needles of vitamins, minerals, phytonutrients, antioxidants, enzymes, glandular extracts, botanical and homeopathic medicines for diagnostic and therapeutic purposes by doctors of chiropractic certified by the Board in acupuncture.

Revised March 11, 2010

30-10 CHIROPRACTIC AND PRIMARY HEALTH CARE
Repealed March 11, 2010

30-11 DRUG PRODUCTS
Repealed March 11, 2010

30-12 REPORTING
Repealed March 11, 2010

30-13 UTILIZATION REVIEW
Relative to conducting utilization reviews as that term is defined in Section 10-4-115, C.R.S., it is the policy of the Board that in the course of doing business a third party is entitled to seek a utilization review and that a third party is entitled to advise the insured of policy coverage. However, when an insured is provided with an interpretation of charts or radiographs, diagnosis, opinion on treatment or treatment plan, then the third party as well as the person conducting the review is deemed to be practicing chiropractic in Colorado. These interpretations or opinions can only be provided to the patient or guardian by a practitioner licensed to practice chiropractic in the state of Colorado. Doing so without an appropriate license is a violation of the Chiropractic Practice Act of Colorado. Those persons who provide such interpretations, diagnostic opinions, or treatment plans are held to the same standard of care as any Colorado licensed Chiropractor who performs patient examination, diagnosis, and treatment planning.
Adopted October 9, 1997; Revised November 13, 2008

30-14 X-RAY TRAINING
Repealed March 11, 2010

30-15 DIAGNOSIS
Repealed March 11, 2010

30-16 OPPOSING X-RAY VIEWS
Repealed March 11, 2010

30-17 ACUPUNCTURE
Repealed March 11, 2010

**30-18 CLARIFYING ACUPUNCTURE FOR DOCTORS OF CHIROPRACTIC
CERTIFIED IN ACUPUNCTURE**

Incorporated with Policy 30-9 March 11, 2010

30-19 SELF-TREATMENT AND TREATMENT OF FAMILY MEMBERS AND OTHERS WITH WHOM SIGNIFICANT EMOTIONAL RELATIONSHIPS EXIST

Revised November 13, 2008; Repealed May 28, 2009

30-20 SALE OF PRODUCTS IN CHIROPRACTOR'S OFFICES

Repealed March 11, 2010

30-21 CHIROPRACTIC ENSURING COMPETENCY POLICY

A chiropractor that submits an application for reinstatement, reactivation, or any other type of application to practice chiropractic in Colorado that has not been actively practicing for more than two years must demonstrate competency to practice. The Board considers the following items as demonstration of competency:

1. Eight hours of in-person record-keeping or documentation continuing education that meets the requirements of Rule 8 and is completed within two years immediately preceding the date of the reinstatement application, in addition to one of the following.
 - a. Verification of an active license to practice chiropractic in good standing from another state along with proof of an active chiropractic practice in that state for a minimum of 600 hours over or in a 12-month period during the two years immediately preceding the date of the reinstatement application.
 - b. Successful completion of the Special Purposes Examination for Chiropractic (SPEC) offered through the National Board of Chiropractic Examiners within two years immediately preceding the date of the application for reinstatement.
 - c. Supervised practice for a period of no less than six months. This supervisor must be pre-approved.
2. Any other manner approved by the Board

All applications where the applicant has not been actively practicing for more than two years must be approved by Board staff and may be submitted to the Board for approval.

DISCIPLINE

40-1 CONFIDENTIALITY EXCEPTIONS

Incorporated with Policy 10-10 March 11, 2010

40-2 A SUBPOENA FOR INVESTIGATION

Adopted May 17, 1984, Reaffirmed October 13, 1994; Revised May 19, 2005
Incorporated with Policy 10-10 March 11, 2010

40-3 A SUBPOENA FOR INVESTIGATION

Adopted May 17, 1984, Reaffirmed October 13, 1994; Revised May 19, 2005
Incorporated with Policy 10-10 March 11, 2010

40-4 INITIATING COMPLAINTS

Incorporated with Policy 10-10 March 11, 2010

40-5 DELEGATED AUTHORITY

Moved to Policy 10-10

40-6 CASES DISMISSED WITH CONFIDENTIAL LETTERS OF CONCERN

It is the policy of the Board that complaints that are dismissed with confidential letters of concern are not dismissed as being without merit but rather are dismissed due to no reasonable cause to warrant further action at that time. Cases that are dismissed with a confidential letter of concern will be retained in the Board's files for a period of five years.

The Board may reopen a case that was dismissed with a letter of concern in the face of a change in circumstances. Such a change in circumstances would include but not be limited to:

- discovery of new evidence supporting the underlying charges;
- evidence that the licensee has engaged in further unprofessional conduct/grounds for discipline following issuance of the letter of concern in which there is a nexus between the new conduct and that was addressed in the case that was dismissed with the letter of concern.

After five years from the date of the confidential letter of concern, the file will be disposed in accordance with the Division's records management procedures. If the licensee has other active cases pending at the end of the five year retention period, the confidential letter of concern may be kept for a longer period of time at the

discretion of the Board staff or as the Board deems appropriate at the time of reinstatement.

40-7 CHIROPRACTIC REINSTATEMENT POLICY

A licensee has 60 days within which to renew a license from the date of expiration of the license, and still be deemed to have an active license. The license will be deemed to have lapsed if not renewed within 60 days of the expiration date. After 60 days the licensee must apply for reinstatement of the license pursuant to Board Rule 2.

If the Board finds that a licensee has practiced with a lapsed license during a period of time of 61 days from the expiration of the license to six months after expiration of the license the Board will issue a Confidential Letter of Concern advising the licensee that the licensee is practicing chiropractic in violation of the law at the time of reinstatement.

If the Board finds that a licensee has practiced with a lapsed license for a period of six months to one year; the Board will issue the licensee a Letter of Admonition at the time of reinstatement.

If the Board finds that a licensee has practiced with a lapsed license for more than one year; the Board may impose a period of suspension, or in lieu of suspension, may levy a fine or impose such other disciplinary action as the Board deems appropriate at the time of reinstatement.

The Board has the authority to issue Cease and Desist Order to any licensee who continues to practice after 60 days of the expiration date if appropriate by law.

40-8 GUIDELINES FOR PRACTICE MONITORING COMPLIANCE

It is the position of the Colorado State Board of Chiropractic Examiners that the Board staff shall promptly notify a licensee whose practice monitoring report is late and that the licensee shall come into compliance with the terms of the Stipulation and Final Board Order within 14 days. If the licensee does not come into compliance the Board will determine whether imposition of a suspension pursuant to Section 12-33-117 or Section 12-33-119(2), C.R.S. is warranted. Refer to practice monitor application for more details.

40-9 BOARD MEMBER COMPLAINTS

It is the policy of the Board of Chiropractic Examiners that any signed complaint received by the Board against a current licensee who is a member of the Board or one who has served on the Board within the last five years, or a licensee who has an ongoing formal relationship with the Board will be handled as follows:

- If the complaint alleges a violation of the Practice Act, the complaint will be sent to the Office of Investigations within the Division of Registrations for a formal investigation.
- If the complaint alleges substandard practice, the Office of Investigations will also have the case reviewed by an independent consultant selected by the Office of Investigations.
- If the complaint alleges sexual boundary violations, substance abuse, or physical or mental impairment, the Board may require the licensee to undergo evaluation by the designated peer assistance provider to the Board or a qualified healthcare provider selected by the Office of Investigations. At a minimum, the complaint shall be sent to the Office of Investigations to determine if there is any validity to the allegations.

Upon completion of the investigation or evaluation, the report will be referred to the Board for appropriate action.

- If the complaint alleged sexual boundary violations, substance abuse, or physical or mental impairment and the report from the Office of Investigation substantiates such allegations, the Board shall require the licensee to undergo evaluation by the designated peer assistance provider to the Board or a qualified healthcare provider selected by the Office of Investigations, if the Board has not already done so.

All other customary procedures for the handling of a complaint by the Board will apply. These may include but are not limited to issuance of a 30-day letter, notification to the licensee and complainant of Board decisions, and the confidentiality of the complaint and investigation as provided by the Practice Act.

Anonymous complaints filed against a current licensee who is a member of the Board or one who has served on the Board within the past five years, or a licensee who has an ongoing formal relationship with the Board will be evaluated by the Board in accordance with the Board's policy regarding anonymous complaints.

40-10

FINING

A chiropractor violating any provision of the practice act or any rule promulgated pursuant to the practice act may be fined between \$1,000 and \$2,000 for a first violation proven by the board, between \$1,000 and \$3,000 for a second violation proven by the board, and between \$1,000 and \$5,000 for a third or subsequent violation proven by the board. This guideline is established pursuant to C.R.S. 12-33-117(1.5).

