FCLB’s 90th Annual Educational Congress

PHOENIX, ARIZONA

April 27-May 1, 2016
Renaissance Phoenix Downtown
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<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>8:00 AM - 5:00 PM</td>
<td>FCLB BOARD OF DIRECTORS MEETING</td>
<td>Salon 1</td>
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<tr>
<td>2:00 - 4:00 PM</td>
<td>FCLB COMMITTEE MEETINGS - determined by chairs</td>
<td>Mohave</td>
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<tr>
<td>1:00 - 4:00 PM</td>
<td>FCLB CONFERENCE CHECK-IN</td>
<td>Salon 5</td>
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<tr>
<td>5:00 PM</td>
<td>DEADLINE TO SUBMIT FCLB RESOLUTIONS</td>
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<td>Wednesday evening on your own.</td>
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**Thursday  April 28**

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<th>Time</th>
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<tr>
<td>8:00 AM - 5:00 PM</td>
<td>Concurrent Meeting</td>
<td>Gila</td>
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<tr>
<td>7:00 - 8:00 AM</td>
<td>FCLB CONFERENCE CHECK-IN</td>
<td>Salon 5</td>
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<tr>
<td>7:30 AM</td>
<td>BREAKFAST</td>
<td>Goldwater</td>
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<tr>
<td>7:30 AM</td>
<td>NEW ATTENDEE ORIENTATION &amp; BREAKFAST</td>
<td>Salon 1</td>
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Your hosts: Dr. Carol Winkler (ND), Dr. Hank Hulteen (SC)  
Dr. Donna Craft (MI), Dr. Daniel Côté (OR)  
Ms. Beth Carter (OK)  
Breakfast with the leadership of the FCLB, NBCE, and Board Administrators Committee. Learn more about the missions and work you are taking part in.
EDUCATIONAL PROGRAM  

GUEST HOST: Dr. Greg Palkowski (OH)

8:15 AM  WELCOME & OPENING REMARKS  
Dr. Farrel Grossman (SC) - FCLB President

8:30 AM  A WORD FROM OUR PLATINUM SUPPORTER  
Dr. John Nab, Standard Process

UPDATE FROM THE PROFESSION  
Dr. Stephen Welsh (ICA), Dr. Nathaniel Tuck (ACA)  
Get a quick catch-up from the ICA and ACA.

8:45 AM  26th ANNUAL JOSEPH JANSE LECTURE  
Dr. Wayne Wolfson

ABOUT THE LECTURE SERIES ...Speakers for the Janse Lecture series are chosen by a committee of the FCLB board based on their oratory skills, ability to envision future possibilities, and to encourage the audience of regulators to consider new points of view, new perspectives in their approaches to public protection.

The Janse Lecture is successful if the speaker presents a different viewpoint and rekindles passion.

9:45 AM  ACCREDITATION AND REGULATION: PROMOTING COMPETENCE AND IMPROVING SAFETY. WHAT’S AN ACCREDITING AGENCY SUPPOSED TO DO?  
Dr. Craig Little, CCE-USA President

10:30 AM  MIDMORNING BREAK

10:45 AM  CONCURRENT PRESENTATIONS

Salon 6-8  NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS V. FEDERAL TRADE COMMISSION  
Amy Richardson, Associate in the law firm of Atkinson & Atkinson  
Find out what this landmark case means for your board.

Havasupai  INTERNATIONAL STANDARDS: What They are and What They’re Not - Their Development and Purpose  
Professor Stefan Pallister, CCE-I Director  
Professor Leslie Biggs CCE-I Immediate Past President; Standards Mapping and Review Steering Committee Chair  
Ms. Kylie Woolcock, CCE-Australasia Executive Officer
11:45 RETURN TO GENERAL SESSION - Salon 6-8

11:45 AM A MALPRACTICE CASE TO BE REMEMBERED
Dr. Terry Yochum

12:45 PM COCSA UPDATE
Dr. John LaMonica, COCSA President

1:00 PM LUNCH ON YOUR OWN

1:00 PM BOARD ADMINISTRATORS COMMITTEE MEETING (CBAC)
Separate $100 registration fee applies.

Havasupai
Ms. Beth Carter (OK), Ms. Leann Yount (WA), Co-Chairs

1:15 PM FCLB ALUMNI LUNCHEON - HONORARY FELLOWS
Salon 1
Hosted by Dr. Farrel Grossman (SC), FCLB President
By invitation only.

AFTERNOON SESSIONS

2:00 - 4:00 PM REGULATORY RELAY
Goldwater
Moderators: Dr. Cynthia Tays (TX) & Dr. Keita Vanterpool (DC)
You decide: Action/Sanction, Regulation, or Policy?

2:00 PM FCLB FINANCE COMMITTEE MEETING
Mohave
Dr. Kirk Shilts (MA) - FCLB Treasurer, Chair

2:30 - 3:30 PM WORKSHOP: FCLB SERVICES
Salon 5
Ms. Kelly Webb (FCLB)
Discover the services your board may access through FCLB membership.
Learn more about CIN-BAD, PACE, CCCA, PowerPolls, meetings, and more.

4:00 - 4:30 PM MEMBERSHIP FORUM
Salon 5
Host: Dr. Kirk Shilts (MA) - FCLB Treasurer
• Review proposed bylaws and resolutions
• Meet FCLB District III Director and Alternate Director candidates
  & Nominating Committee candidates
• Learn about committee and task force service

5:30 - 6:30 PM FCLB’s 90th ANNIVERSARY CELEBRATION
Skyline Terrace
Come celebrate 90 years of cooperation in public protection! Join all of your
regulatory friends for a light reception and some heavy reminiscing.
Friday  ⋆  April 29  NATIONAL BOARD DAY

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 - 8:00 AM</td>
<td>FCLB COMMITTEE MEETINGS - determined by chairs</td>
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<tr>
<td>7:30 AM</td>
<td>BREAKFAST</td>
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<td>7:30 AM</td>
<td>NBCE CHECK-IN FOR VOTING DELEGATES / ALTERNATES</td>
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<td>8:00 AM</td>
<td>FCLB CREDENTIALS COMMITTEE MEETING</td>
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<td>8:30 AM</td>
<td>WELCOME and INTRODUCTIONS</td>
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<td>8:40 AM</td>
<td>KEYNOTE ADDRESS – The Spirit of Chiropractic (1 CE Credit)</td>
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<tr>
<td>9:30 AM</td>
<td>NBCE PLENARY SESSIONS</td>
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<td>10:30 AM</td>
<td>MIDMORNING BREAK</td>
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<td>11:00 – 12:00 N</td>
<td>NBCE Breakout Sessions: Concurrent 25 minute sessions. Each session will be repeated once—a participant may choose any two.</td>
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**EDUCATIONAL PROGRAM BEGINS - NATIONAL BOARD DAY**

<table>
<thead>
<tr>
<th>Salon 6-8</th>
<th>Event</th>
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| 11:00 – 12:00 N | Ethics and Boundaries Assessment Services  
Stacey Kjeldgaard, EBAS Executive Director |
Salon 6-8  •  **How to Get Involved with the NBCE**  
Dr. Ronald Tripp (OK), NBCE District IV Director

Salon 3  •  **IBCE: Responding to Needs of the International Chiropractic Community**  
Dr. Salvatore LaRusso (FL), NBCE Treasurer

Salon 4  •  **NBCE’s Specialty Exams: CCAT, HSAT, SPEC, ACU**  
Dr. Hank Hulteen (SC), NBCE At-Large Director

12:15 – 2:15 PM  **NBCE LUNCHEON and ANNUAL BUSINESS MEETING**  
*South Ballroom*

2:15 - 4:15 PM  **CONCURRENT SESSIONS**

**Salon 3-4**  **Sharpen Your Skills - Spinal Disc Pathology (2 CE Credits through PACE)**  
This review will provide scientific updates and useful information that can be incorporated into your practice every day. *John Hyland, DC, MPH, DACBR, DABCO* and *Margaret Seron, DC, DACBR, DABCO* will correlate clinical and MR Imaging findings with treatment approaches, while also providing 2 CE hours.

**Salon 6-8**  **Sharpen Your Skills – Making Use of Informed Consent (2 CE Credits through PACE)**  
This session will document the history and practical use of informed consent in a doctor’s office to prevent patient complaints. *Steven Conway, D.C., J.D.*, NBCE Secretary, and *Salvatore LaRusso, D.C.*, NBCE Treasurer, will address risk management issues, helping state board members to gain increased insight into the value of informed consent in responding to risk management issues, such as occurrences of vertebrobasilar artery injury, cerebrovascular accidents, or other rare, but serious events that might be referred to state boards.

4:30 - 5:00 PM  **FCLB RESOLUTIONS & BYLAWS COMMITTEE MEETING**  
*Salon 1*  
Dr. Kevin Fogarty (FL), Chair  
Open session review of proposed bylaws amendments and resolutions.

5:30 - 10:00 PM  **Buffet Dinner at the Draft Room @ Chase Field**  
Meet in lobby at 5:30  
Includes optional expo game: AZ Diamondbacks vs. the CO Rockies
Saturday  •  April 30

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:30 AM</td>
<td><strong>DISTRICT BREAKFASTS</strong></td>
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<td><strong>ELECTIONS</strong></td>
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<td></td>
<td>Hosts: FCLB District Directors</td>
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<td></td>
<td>• District Director &amp; Alternate Director elections for District III</td>
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<td></td>
<td>• Updates from your district director</td>
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<td>• Fall meeting information</td>
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<td>8:15 AM</td>
<td><strong>INTRODUCTION - WELCOME BACK TO THE OFFICIAL PROGRAM</strong></td>
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<td>Dr. Farrel Grossman (SC), FCLB President</td>
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<tr>
<td>8:30 AM</td>
<td><strong>ANNUAL AWARDS PRESENTATION</strong></td>
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<td>Dr. Farrel Grossman (SC), FCLB President</td>
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<td>9:00 AM</td>
<td><strong>CONCURRENT PRESENTATIONS</strong></td>
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<td><strong>Board Member Training</strong></td>
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<td>Dr. Hank Hulteen (SC), Ms. Patricia Oliver (LA), and Dr. Larry Spicer (MN)</td>
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<td>Experienced pros share tips and tricks for getting new board members up to speed. Learn everything from procedural training to how to keep new members focused on public protection.</td>
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<td><strong>Salon 3</strong></td>
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<td><strong>Social Media in Regulation</strong></td>
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<td>Moderator: Ms. Lisa Blanchard</td>
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<td>Ms. Patricia Gilbert (TX), and Dr. Kevin Fogarty (FL)</td>
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<td>Your licensees are using social media - but are they using it right? Learn how other boards regulate social media through HIPAA enforcement and advertising rules. Find out what your board needs to do to protect patients and communicate social media boundaries and best practices to licensees. Then, find out how your board can build its own social media presence!</td>
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<tr>
<td>9:45</td>
<td><strong>RETURN TO GENERAL SESSION</strong> - Salon 6-8</td>
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<td>Time</td>
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<td>9:45 AM</td>
<td>PRESENTATION: Call to Action</td>
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<td>10:05 AM</td>
<td>PASSPORT UPDATE</td>
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<td>10:15 AM</td>
<td>OPEN FORUM - REGULATORY BOARD CONCERNS &amp; ACHIEVEMENTS</td>
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<td>10:45 AM</td>
<td>MIDMORNING BREAK</td>
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<tr>
<td>11:00 AM</td>
<td>ANNUAL MEETING OF THE DELEGATE ASSEMBLY</td>
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<td>DISTRIBUTION OF VOTING PADDLES</td>
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<tr>
<td>11:15 AM</td>
<td>FCLB ANNUAL BUSINESS MEETING</td>
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<td>1:00 PM</td>
<td>LUNCH ON YOUR OWN</td>
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<td>1:30 - 2:30 PM</td>
<td>POST-CONFERENCE BOARD OF DIRECTORS MEETING</td>
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<td>2:30 - 3:30 PM</td>
<td>FCLB BOARD OF DIRECTORS - NEW DIRECTOR ORIENTATION</td>
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### Sunday • May 1

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Organizer(s)</th>
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<tbody>
<tr>
<td>8:30 - 10:00 AM</td>
<td>WEEK IN REVIEW</td>
<td>Your Host: Dr. William Rademacher (IL)</td>
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<td>Plan for 2017 in Orlando, FL · May 3-7, 2017</td>
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<td>Hyatt Regency Orlando · Room rate: $205/night + taxes - single/double</td>
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Annual Meeting

- Meeting Agenda
- Business Meeting Rules
- Minutes of the 89th Annual Congress
- Voting Delegate/Alternate Designation
- Delegates & Alternates Policy
- Delegate Responsibilities
- Proposed Bylaws and Resolutions
- Current Bylaws

With clarity comes conviction and true originality.

- Conan O’Brien
90th Annual Congress
Agenda
Annual Meeting of the Delegate Assembly

Chair: Farrel Grossman, D.C. – FCLB President

Saturday, April 30, 2016
11:15 AM

1. Call to Order

2. Credentials Committee Report / Seating of the Delegates

3. Roll Call: Establishment of Quorum

4. Adoption of Business Meeting Rules and Protocol

5. Approval of Agenda

6. Dedication to Service

7. Announcement of the Approval of the 2015 Minutes by Committee:
   New Orleans, Louisiana

8. Introduction of Honored Attendees


10. Introduction of Standing Committees &
    Special Committees or Task Forces

11. Other organizations to which FCLB has voting representation
    ■ National Board of Chiropractic Examiners
    ■ Federation of Associations of Regulatory Boards
    ■ National Practitioner Databank Executive Committee

12. Business Reports
    ■ President
    ■ Executive Director
    ■ Legal
13. Bylaws and Resolutions Committee Report
   - Vote on proposed Bylaws Amendments
   - Vote on proposed Resolutions

14. 2016 Nominating Committee Report
   - Nominating Committee Members

15. Announcement of District Election
   - Districts III - Director and Alternate

16. New Business
   Members are invited to share announcements, significant developments or projects with the delegate assembly

17. 2017 Conference Site

18. Installation Ceremony (If necessary)

19. Adjournment
PROPOSED RULES

ANNUAL BUSINESS MEETING
April 30, 2016
Phoenix, Arizona

In the interest of conducting an efficient, fair and effective annual meeting of the Federation, particularly in light of the limited time available, the FCLB Board of Directors recommends that the membership adopt the following rules to govern the business meeting:

1. Only the seated delegate shall speak for the member licensing board, including voting and making any motions, and

2. All comments or questions shall be addressed to the meeting Chair, unless the Chair specifically authorizes another individual to respond to comments, and

3. Comments or questions from the floor shall be made at the floor microphone, to enable everyone to hear clearly, and for the record, and

4. Presentation of each resolution shall be limited to no more than five minutes for the Resolutions Committee report, five minutes for the sponsor's comments, and five minutes total for questions and answers from the floor, and

5. Any delegate who speaks shall identify his/her full name and the name of the member licensing board prior to commenting, making motions or seconding motions, and

6. The membership agrees that the business meeting may be recorded electronically to preserve an accurate record of the proceedings.
1. Call to Order

Dr. LeRoy Otto (MN) called the Annual Meeting of the Delegate Assembly of the Federation of Chiropractic Licensing Boards to order at 8:59 a.m. He announced he would serve as chair, Dr. Jon Schwartzbauer would serve as recording secretary, and Dr. Paul Morin (ME) parliamentarian. The Federation’s Board of Directors was introduced. Thanks was extended to Dr. Annette Zaro.

2. Credentials Committee Report - Dr. Holly Harvey (WV), Chair

Dr. Harvey reported that the committee which included herself, Dr. Greg Howard (OK), and Ms. Leann Yount (WA) reviewed the credentials of the delegates and found that those delegates and alternates who were properly registered should be seated.

The Nova Scotia College of Chiropractors has requested that their delegate (Dr. Janis Noseworthy) be seated. Due to an administrative oversight the Nova Scotia board had not been registered. The credentials were reviewed and it was recommended that she be seated. There were no objections.

Hearing no objections, the chair declared the delegates and alternates seated.

3. Roll Call

Dr. Jon Schwartzbauer called the roll. Based on 37 as the number of properly registered delegates present, the chair declared 19 as the number of votes which constituted a simple majority, and 25 as the number for a 2/3 majority vote.

[A list of the registered delegates present is attached.]

4. Dedication to Service - presented by Dr. Jim Heston (AK)

5. Business Meeting Rules and Protocol

Delegates were referred to the proposed business meeting rules and protocol as recommended by the board of directors. Hearing no objections or amendments, the chair declared the Business Rules and Protocol adopted as presented.
6. Business Meeting Agenda

Delegates were referred to the proposed agenda as recommended by the board of directors. The intent is to conduct business in a timely manner and have a clear and accurate record of the proceedings. Hearing no objections or amendments, **the chair declared the agenda adopted as presented.**

7. Minutes - 88th Annual Congress, Myrtle Beach, SC

The chair announced that the minutes for the 2014 Annual Meeting were approved by the minutes committee which was chaired by Dr. Annette Zaro (NV), and included Dr. Greg Palkowski (OH) and Dr. Michael Fedorczyk (MD). The minutes committee for 2015 will be chaired by Dr. James Buchanan (WY), and include Dr. Margaret Freihaut (MO) and Dr. Terry Webb (KS).

8. Introduction of Special Guests

The chair then recognized special guests, including FCLB past presidents, and board members; NBCE Board of Directors, executive vice president, and staff; representatives from other organizations and colleges; and the 2015 supporters of the 89th Annual FCLB Congress. NBCE was thanked for their shared conference expenses support and ongoing support of chiropractic regulation.

9. Finance Report - Dr. Margaret Colucci (NV), Finance Committee Chair

Dr. Colucci, FCLB Treasurer, thanked Dr. Harvey Garcia (SC) and Dr. Robert Daschner (MN) for serving on the Finance and Audit Committee. She also thanked Ms. Vicki Young, the Finance and Benefits Manager. She also thanked the membership for the opportunity to serve as their treasurer. The financial oversight includes extensive policies for investment and finance.

The committee met on May 7, 2015 and reviewed the audit, as prepared by the certified public accountant firm of Anton Collins Mitchell, LLP, for the year ended December 31, 2014 as well as other financial reports, financial policies, and the budget for 2015.

Dr. Colucci referred members to the annual report section of the attendee materials for a summary of the 2014 figures and the 2015 budget, and presented the highlights of 2014 and projections for 2015.

There were no questions.

10. Recognition of Committee and Task Force Chairs

The chair recognized the chairs of the FCLB standing committees and special committees and task forces for their contributions to the Federation.

11. Representatives to other organizations in which FCLB has voting representation

The chair thanked everyone who represents the FCLB to the National Board of Chiropractic Examiners (NBCE), the Federation of Associations of Regulatory Boards (FARB) and the National Practitioner Databank Executive Committee (NPDBEC).
12. Business Reports

A. President’s Report

Dr. Otto thanked everyone for the opportunity to serve as president of the FCLB. He commented that we’ve come a long way since our meager budget in 1995 and thanked the National Board of Chiropractic Examiners as well as past presidents who worked diligently to develop these programs, including Dr. Rick Cole who pushed PACE forward. He also thanked the FCLB staff.

B. Executive Director’s Report

Dr. Jon Schwartzbauer thanked the FCLB board of directors and said he was proud to be part of the organization. He expressed his appreciation for Ms. Liewer’s time during the transition period, and he also expressed his thanks to the staff, especially Julie Finn. He thanked the member boards as well as Dr. Zaro for being our support chairman, and to the NBCE.

His first year focused on programs such as PACE, CIN-BAD and will be working on the CCCA program with the concept of treating it like a business. We are needing financial resources that will allow us to move forward. He reported on a new program that was developed called CAP (Chiropractic Ambassador Program), designed to encourage people with an understanding of regulation to reach out to chiropractic colleges, associations, etc. He invited anyone interested in participating to contact our office. Dr. Schwartzbauer also reported on our Passport program, stating that our board just voted to launch the program that will assist with temporary licensure - the Federation does the credentialing, then the boards can go to the FCLB to verify. The states will need to have language written in their laws.

Dr, Schwartzbauer commented that the FCLB will be entering into an internship program with the University of Northern Colorado, starting with their Marketing and Advertising department. It would also be his vision to tie into our chiropractic colleges, trying to do a better job on the front end before licensees get into trouble. He would like to see professors of ethics courses here at every conference to meet and discuss ethics and boundaries, helping them to understand what is really going on in the profession. Dr. Schwartzbauer also encouraged attendees to give us feedback on their evaluations.

13. Resolutions and Bylaws Committee Report - Dr. Ron Tripp (OK), Chair

Dr. Tripp expressed appreciation to his fellow members of the committee. The committee met Friday, May 8, 2015 and he reported that there were no proposed bylaws amendments submitted by the deadline date of February 8, 2015.

A. Resolutions

Dr. Tripp also reported there was one resolution submitted by the May 6, 2015 deadline, but it was decided to move that discussion to the fall district meeting agendas for discussion for 2016.
14. **District Elections**

The chair announced the Saturday, May 9, 2015, district election results:

- District IV Director - Dr. Cynthia Tays (TX)
- District IV Alternate Director - Dr. Chris Waddell (OK)
- District V Director - Dr. Ned Martello (LA)
- District V Alternate Director - Dr. Deb Hoffman (FL)

15. **Nominating Committee Report - Dr. Lawrence O’Connor (NJ), Chair**

Dr. O’Connor reported committee members as elected by the membership in 2014 included: Dr. James Badge (AZ); Dr. Jim Heston (AK); Dr. Kathleen McConnell (PA); Dr. John McGinnis (SC); and Dr. Greg Palkowski (OH). As FCLB Immediate Past President, Dr. O’Connor served as chair.

**A. Nominating Committee**

Dr. O’Connor noted it was the committee’s task to review candidates for 2015 - 2016.

The Nominating Committee nominated Dr. Farrel Grossman (SC) for the office of President.

There being no other nominations, the chair declared Dr. Grossman as President for 2015-2017.

The Nominating Committee nominated Dr. Margaret Colucci (NV) for the office of Vice President.

There being no other nominations, the chair declared Dr. Colucci as Vice President for 2015-2017.

The Nominating Committee nominated Dr. Kirk Shilts (MA) for the office of Treasurer.

Dr. Richard Cole (TN) nominated Dr. Michael Coon (SC) for the office of Treasurer. The Chair declared that Dr. Coon was ineligible based on an action of the FCLB board by a 7-1 vote. Dr. Cole challenges the decision of the board and argued that the delegates have a right to hear why Dr. Coon was selected unanimously and then set aside by the board.

M/S Cole (TN) / Roles (SC) to enter into executive session at 9:47 a.m. Passed, no opposition.

With no further business for executive session, it adjourned at 10:56 a.m.

As there were no other nominations for the position of Treasurer, the chair closed the nominations and declared Dr. Shilts as Treasurer for 2015-2017.
The Nominating Committee nominated Ms. Patricia Oliver (LA) for the position of Administrative Fellow Director.

There being no other nominations, the chair declared Ms. Oliver as the Administrative Fellow Director for a three-year term from 2015-2018.

Dr. O’Connor noted it was the Nominating Committee’s task to review candidates for the 2015 - 2016 Nominating Committee and to recommend this slate to the delegate assembly. No candidates sent in their appropriate qualifying information to the FCLB executive offices by the March 10, 2015 deadline.

The chair reviewed the qualifications to serve and noted that the bylaws require at least one person from each district be nominated, with the immediate past president of the FCLB designated as committee chair. Elected members will serve for a one-year term commencing at the close of this year’s annual meeting. He called for nominations from the floor.

Dr. Weiss (ND) nominated Dr. Jerrid Goebel (SD), District I
Dr. McIntyre (MO) nominated Dr. Margaret Freihaut (MO), District II
Dr. Bazley (DC) nominated Dr. Palmer Peet (VT), District III
Dr. Tays (TX) nominated Dr. James Badge (AZ), District IV
Dr. McGinnis (SC) nominated Dr. Ralph Roles (SC), District V

Hearing no further nominations and with no objections from the membership, the chair declared the nominations for the 2015 - 2016 Nominating Committee closed and by acclamation, elected the slate of nominees to the committee.

16. New Business

There was no new business.

17. Installation Ceremony - Dr. Richard Cole (TN)

Dr. Otto invited FCLB Past President, Dr. Richard Cole (TN) to do the honor of installing the board of directors for 2015 - 2016.

18. Adjournment

With no further business, the 2015 Annual Meeting of the Delegate Assembly of the Federation of Chiropractic Licensing Boards was adjourned at 11:11 a.m. until April 30, 2016, in Phoenix, AZ.

Jon Schwartzbauer, D.C.
Executive Director / Recording Secretary
## Canadian Boards

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<tr>
<th>Province</th>
<th>Delegate Name, D.C.</th>
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<tr>
<td>Nova Scotia</td>
<td>Janis Noseworthy, D.C.</td>
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## US Boards

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<th>State</th>
<th>Delegate Name, D.C.</th>
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## 2016 Annual Congress
### Voting Delegate and Alternate Designation

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DELEGATES AND ALTERNATES DESIGNATION

POLICY TITLE
Designation of Delegates and Alternates for Official Business Meetings of the Federation of Chiropractic Licensing Boards

Reference Documents
FCLB Bylaws - Article III, Sections 7 & 8; Article VI, Sections 1-3

Adopted 4/27/2010 Effective Date 4/27/2010
Last Reviewed 5/5/2015 Next Scheduled Review Date 4/26/2016

BACKGROUND

Eligibility to serve as a delegate or alternate is determined by the FCLB bylaws. (See Articles III and VI.)

With respect to the process of registering designated delegates, the FCLB Board of Directors is committed to ensuring that our member boards have sufficient time to study pending issues and participate meaningfully in the annual business meeting or any other duly called business meeting.

In furtherance of these goals, the FCLB Board has adopted the following policy:

POLICY

1. ELIGIBILITY CRITERION

Delegates and alternate delegates must be a Fellow of the Member Board, or an Honorary Fellow who has served on that board in the preceding five (5) years, or the Member Board’s Administrative Fellow from the appointing member chiropractic board, and duly registered for the annual conference.

2. REGISTRATION DEADLINE

Written notification of the member board's duly designated delegate and alternate must be postmarked or faxed to the FCLB no later than 30 days prior to the opening session of a duly called official business meeting of the FCLB. E-mailed notifications are acceptable and must comply with all other registration requirements.

3. FORM OF NOTIFICATION

Notification must be received on the FCLB’s official Delegate and Alternate Designation Form or on the member chiropractic board’s letterhead, and must be signed by an authorized representative of the member board.

- Notifications must identify by name the delegate and a statement that the board, at an official board meeting, has approved the selection of such delegates. Appointments are effective upon postmark and until replaced by the member board, not to exceed one year. At a minimum, delegates and alternates must re-register prior to each annual business meeting of the FCLB.
If the notification is signed by anyone other than the board chair, it must include a certifying statement that references that the board has approved the selection of the designated delegates, and that the notification is sent at the request of the board and board chair.

4. LATE NOTIFICATION

Registrations received by FCLB after the deadline will not be accepted unless the member board is accepted into membership pursuant to the FCLB bylaws after the deadline.

Chiropractic boards who are not members due only to nonpayment of current dues may register a delegate and alternate, but timely registered designees may not participate in the annual business meeting unless the dues are paid prior to the commencement of this meeting.

5. SWITCHING DELEGATE AND ALTERNATE

In general, the designation of an alternate delegate shall be sufficient to accommodate the need for a "backup" representative in the event the member board would not otherwise be represented.

Switching the delegate and alternate are specifically not allowed after the notification deadline has passed. However, if the delegate does not attend the business meeting, the properly registered alternate automatically assumes delegate status.

6. SPECIAL CIRCUMSTANCES

The FCLB recognizes that extraordinary circumstances may arise whereby a member board would be otherwise disenfranchised from voting, for example, when neither the designated delegate nor the alternate are able to attend the meeting.

A written request (to allow the member board to designate a replacement delegate) may be presented to the FCLB Board of Directors. Such request must be on official board letterhead, must describe in detail why the member board would otherwise be disenfranchised from voting, and must be signed by the ranking officer of the board.

The decision of the FCLB Board of Directors shall be reviewed by the Credentials Committee prior to the business meeting, and reported to the membership at the business meeting.

7. APPEAL OF VOTING STATUS

If the decision to seat or not seat a delegate is contested by any duly registered delegate, the membership shall by majority vote determine whether to seat the new delegate. Such vote shall occur immediately after the remaining delegates are seated.

REFERENCES - FCLB BYLAWS

ARTICLE III. DEFINITIONS

Section 7. Delegate.

"Delegate" means an individual designated by a Member Board to serve as its representative to the Federation. This individual shall be a Fellow of the Member Board, or an Honorary Fellow who has served on that board in the preceding five (5) years, or the Member Board’s Administrative Fellow. Delegates must be properly registered in writing in accordance with policies set by the Board of Directors.
Section 8. Alternate Delegate.

"Alternate Delegate" means an individual designated by a Member Board to serve as its representative to the Federation in the absence of the Delegate. This individual shall be a Fellow of the Member Board, or an Honorary Fellow who has served on that board in the preceding five (5) years, or the Member Board’s Administrative Fellow. Alternate Delegates must be properly registered in writing in accordance with policies set by the Board of Directors.

ARTICLE VI. DELEGATE PRIVILEGES AND RESPONSIBILITIES

Section 1. Duties and Responsibilities.

At the Annual Meeting of the Delegate Assembly, the Delegates shall provide direction to the Federation by consideration of such bylaw amendments and properly submitted resolutions that are expedient or desirable to fulfill and implement the stated purposes of the Federation.

Section 2. Privilege of the Floor.

Fellows, Honorary Fellows, Administrative Fellows, committee members, Board of Director members, and Delegates have the privilege of the floor during any meeting of the Delegate Assembly. At the discretion of the presiding officer, other attendees may be granted the privilege of the floor.

Section 3. Voting

Absentee voting and voting by proxy are not allowed.
Responsibilities of 
FCLB Voting Delegates and Alternates

Being a delegate or alternate to the FCLB is a two-way street. The delegates bring their boards’ concerns and successes to their FCLB directors and in return the things they learn need to be taken back to their boards so they can educate their fellow board members about FCLB and its services.

Below is a list of responsibilities for a Voting Delegate or Alternate of the FCLB.

1. Get to know your FCLB district director

2. Communicate your board’s needs and successes with your district director

3. Add FCLB to your regulatory board’s agenda as an ongoing agenda item “FCLB Highlight Moment” where you can share and report information about the FCLB and its services

4. Your district director will contact you with this information

5. Attend the FCLB district and annual meetings
Below, please find the proposed amendments to the bylaws to be considered at the annual meeting in Phoenix, Arizona. The current bylaws are available on our website.

**AMENDMENT 1**

<table>
<thead>
<tr>
<th>Issue</th>
<th>To amend Article V, Section 3, Subsection B, establishing clarity to when a newly-elected District Director becomes a member of the Board of Directors.</th>
</tr>
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<tbody>
<tr>
<td>Proposed by</td>
<td>Dr. Kirk Shilts (MA)</td>
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**ARTICLE V. FEDERATION MEETINGS AND ELECTIONS**

Section 3. District Caucus

A District Caucus shall take place in conjunction with the Federation’s Annual Meeting of the Delegate Assembly for the purpose of enabling each District to elect its District Director and Alternate District Director to the Board of Directors.

The newly-elected District Director and Alternate District Directors shall accede to their new positions upon the conclusion of the Annual Meeting of the Delegate Assembly.

**AMENDMENT 2**

<table>
<thead>
<tr>
<th>Issue</th>
<th>To amend Article VII, Section 1, to designate the authority of the Board of Directors to interpret bylaws.</th>
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<tbody>
<tr>
<td>Proposed by</td>
<td>Dr. William Rademacher (IL)</td>
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</table>

The Board of Directors shall manage the affairs of the Federation including the establishment of an annual budget and the transaction of all business for and on behalf of the Federation. The Board of Directors shall carry out the legal resolutions, actions, or policies as authorized by the Delegates. The Board of Directors shall act for the Federation between Annual Meetings of the Delegate Assembly, and is authorized to interpret the bylaws and to develop appropriate policies to carry out the Bylaws and purposes of the Federation, and can authorize the Executive Committee of the Board of Directors to act on its behalf.

**AMENDMENT 3**

<table>
<thead>
<tr>
<th>Issue</th>
<th>To amend Article VII, Section 3, Subsection B, establishing a residency requirement for District Directors.</th>
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<td>Proposed by</td>
<td>Dr. Kirk Shilts (MA)</td>
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**ARTICLE VII. BOARD OF DIRECTORS**

Section 3. Qualifications for Nomination and Election of Appointment.

B. District Directors

At the time of initial nomination and election or at the time of appointment, a District Director and Alternate District Director shall be either a Fellow, or an Honorary Fellow who has served as a member of a Member Board within the last five (5) years. A District Director shall be a legal resident from a Member Board jurisdiction located within the Federation District the District Director and Alternate District Director represents.
2016 FCLB ANNUAL MEETING
RESOLUTION ON PACE

RESOLUTION #1-16

Submitted for Consideration by FCLB Board of Directors

Chiropractic Licensing Boards Endorsement of the FCLB PACE program

Whereas, the Federation of Chiropractic Licensing Boards (FCLB) is comprised of member chiropractic licensing boards throughout the United States and across the globe; and

Whereas, the FCLB “Providers of Approved Continuing Education – Chiropractic” (PACE) program was developed to assist our member licensing boards with the administrative task of approving continuing education courses and programs for its respective licensees; and

Whereas, programs similar to the FCLB PACE program are currently operated by other licensing board federations involving a diversity of health professions; and

Whereas, each FCLB member has the autonomy and ability to tailor their participation with the FCLB PACE program to suit the member’s particular needs and requirements; and

Whereas, each FCLB member recognizes that the FCLB PACE program can help reduce the member’s administrative burdens and costs inherent to reviewing, validating and tracking chiropractic continuing education; and

Whereas, each FCLB member recognizes the benefit of the FCLB PACE program in providing member boards with timely and accurate information of its licensees’ continuing education participation for compliance and auditing purposes; and

Whereas, each FCLB member recognizes the additional benefits of the FCLB PACE program by helping its licensees obtain on-demand copies of their continuing education certificates, and in providing greater portability for licensees to apply continuing education credits across multiple jurisdictions; and

Whereas, each FCLB member understands the importance to have its administrative rules and processes identified by written regulation and/or board policy; now therefore be it

Resolved, that the Federation of Chiropractic Licensing Boards (FCLB) supports the FCLB PACE program, the participation of every FCLB member board with the FCLB PACE program, and the codification of each member board’s participation with the FCLB PACE program by regulation or board motion, or both.
ARTICLE I. NAME

The name of this organization is the Federation of Chiropractic Licensing Boards (also referred to as the “Federation” or “FCLB”).

ARTICLE II. PURPOSE

The Federation is organized for charitable and educational purposes to provide programs and services that assist member chiropractic licensing boards to fulfill their statutory obligations to regulate the profession in the interest of public protection and for the purpose of lessening the burdens of government.

These programs and services shall include, but not be limited to, those that promote uniform standards among licensing boards, examination and testing services, and chiropractic educational programs leading to the Doctor of Chiropractic degree, postgraduate chiropractic education, diplomate and certification programs, and continuing education for relicensure purposes.

ARTICLE III. DEFINITIONS

Section 1. Federation or FCLB.

"Federation" or “FCLB” means the Federation of Chiropractic Licensing Boards.

Section 2. Chiropractic Licensing Board

"Chiropractic Licensing Board" means the governmental agency empowered to credential and regulate the practice of chiropractic within established jurisdictions, territories, or insular possessions of a sovereign country.

Section 3. Member Board.

"Member Board" means any Chiropractic Licensing Board that has met the requirements of membership and has been duly accepted into the Federation pursuant to these Bylaws.

Section 4. Fellow.

“Fellow” means any individual currently serving on a Member Board.

Section 5. Administrative Fellow.

“Administrative Fellow” means the individual who administers the Member Board, its chiropractic regulatory act and/or other activities of the Member Board, and is designated as such in writing by the Member Board in accordance with policies set by the Board of Directors.

Section 6. Honorary Fellow.

“Honorary Fellow” means an individual who has been a Fellow for three (3) or more years, is no longer serving on a Member Board, and who has submitted an application to the Federation requesting recognition as an Honorary Fellow.

Section 7. Delegate.

"Delegate" means an individual designated by a Member Board to serve as its representative to the Federation. This individual shall be a Fellow of the Member Board, or an Honorary Fellow who has served on that board in the preceding five (5) years, or the Member Board's Administrative Fellow. Delegates must be properly registered in writing in accordance with policies set by the Board of Directors.

Section 8. Alternate Delegate.

"Alternate Delegate" means an individual designated by a Member Board to serve as its representative to the Federation in the absence of the Delegate. This individual shall be a Fellow of the Member Board, or an Honorary Fellow who has served on that board in the preceding five (5) years, or the Member Board's Administrative Fellow. Alternate Delegates must be properly registered in writing in accordance with policies set by the Board of Directors.
Section 9. Delegate Assembly.

"Delegate Assembly" means the governing body that is comprised of the Member Boards.

Section 10. Professional Member.

"Professional Member" means a Fellow or Honorary Fellow who is a currently licensed doctor of chiropractic authorized by a Member Board to practice chiropractic in that jurisdiction.

Section 11. Public Member.

"Public Member" means a Fellow or Honorary Fellow who serves as the public member of a Member Board as defined under applicable state law.

Section 12. Quorum.

"Quorum" means the minimum number of members who must be present for the FCLB to legally transact business.

A. Annual or Special Meeting

For purposes of the Annual or Special Meeting of the Delegate Assembly, quorum means Delegates representing a majority of the Member Boards.

B. District Caucus

For purposes of the District Caucuses quorum means the number of Delegates in attendance at such District Caucus, irrespective of the number.

C. Board of Directors Meeting

For purposes of the Board of Directors Meetings, quorum means a majority of the Board of Directors.

Section 13. Board of Directors.

The "Board of Directors" means those members duly elected under Article V of these Bylaws.

Section 14. Officers.

"Officers" means those Officers duly elected under Article V of these Bylaws.

Section 15. District Directors.

"District Directors" mean those Board of Directors members duly elected under Article V of these Bylaws.
Section 3. Federation Districts.

A. Member Boards shall be divided into five (5) Federation Districts based on the following list:

<table>
<thead>
<tr>
<th>District I</th>
<th>District II</th>
<th>District III</th>
<th>District IV</th>
<th>District V</th>
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B. Chiropractic Licensing Boards duly admitted into Federation membership under Article IV shall be placed into a respective District and such admittance and placement into a District shall not constitute an amendment to these bylaws subject to Article XVI.

Section 4. Sanction or Termination of Membership of a Member Board

A. Grounds

The membership status of a Member Board may be sanctioned or terminated if it is determined to be in the best interest of the Federation.

B. Process

The Member Board shall be sanctioned or terminated by a recommendation from the Board of Directors followed by a two-thirds vote of the Delegates at an Annual or Special Meeting of the Delegate Assembly. Written notice of the sanction or termination to be considered shall have the opportunity to be heard at the meeting before a vote is taken on the sanction or termination.

C. Rights

After a vote for termination, all rights of the Member Board as provided in these Bylaws shall cease immediately.

Section 5. Reinstatement of Membership.

Upon reapplication and compliance with the conditions set forth in the sanction or termination of membership, reinstatement may be granted by a majority vote of the Board of Directors and by two-thirds vote of the Delegates at an Annual or Special Meeting of the Delegate Assembly. Written notice that reinstatement is to be considered shall be sent to the Member Boards not less than sixty (60) days prior to the Annual or Special Meeting.

Section 6. Sanction or Termination of a Fellow, Honorary Fellow, or Administrative Fellow.

A. Grounds

Failure to demonstrate proper conduct may serve as grounds for sanction or termination of an individual’s status as a Fellow, Honorary Fellow, or Administrative Fellow. Grounds for sanction or termination may include, but not be limited to, any of the following:

1. Conviction, or similar judicial finding or plea, resulting from a criminal offense;

2. Disciplinary action taken against any professional license held by the individual;
3. Failure to exercise proper regard for the health, safety, or legal rights of another person; or

4. Fraud, deception, breach of confidentiality, or infraction of moral turpitude.

B. Process

Sanction or termination shall be by a recommendation by the Board of Directors followed by a two-thirds vote at an Annual or Special Meeting of the Delegate Assembly. Written notice of the sanction or termination to be considered and the cause for this action shall be sent to the Member Boards not less than sixty (60) days prior to the meeting. The individual in question shall have the opportunity to be heard at the meeting before a vote is taken on the sanction or termination.

C. Rights

Upon termination, all rights of the Fellow, Honorary Fellow or Administrative Fellow as provided in these Bylaws shall cease immediately.

Section 7. Reinstatement of a Fellow, Honorary Fellow, or Administrative Fellow.

Upon reapplication and compliance with the conditions set forth in the sanction or termination of membership, reinstatement may be granted by a majority vote of the Board of Directors and by two-thirds vote of the Delegates at an Annual or Special Meeting of the Delegate Assembly. Written notice that reinstatement is to be considered shall be sent to the Member Boards not less than sixty (60) days prior to the Annual or Special Meeting.

ARTICLE V. FEDERATION MEETINGS AND ELECTIONS

Section 1. Annual Meeting of the Delegate Assembly.

The Annual Meeting of the Delegate Assembly shall be held at such place and time as designated by the Board of Directors, provided that written notice is sent to Member Boards not less than sixty (60) days prior to such meeting.

Section 2. Special Meeting.

A Special Meeting of the Delegate Assembly can be called by the President at any time with the approval of a majority of the Board of Directors, provided that written notice and a proposed agenda is sent to Member Boards as soon as practical.

A Special Meeting of the Delegate Assembly can also be called by a majority of the Member Boards at any time, provided that written notice and a proposed agenda is sent to Member Boards and the President via the Federation's principle office as soon as practical.

Section 3. District Caucus.

A District Caucus shall take place in conjunction with the Federation's Annual Meeting of the Delegate Assembly for the purpose of enabling each District to elect its District Director and Alternate District Director to the Board of Directors.

Section 4. Minutes.

The Federation shall keep minutes of all Annual and Special Meetings of the Delegate Assembly and shall make these minutes available to the Member Boards.

Section 5. Other Meetings.

The Board of Directors may convene such other meetings as it deems necessary to carry out its purpose provided that these meetings are not used to conduct the legal business of the FCLB.

Section 6. Elections.

A. General Provisions

Available positions on the Board of Directors for Officers, the Administrative Fellow Director, and Nominating Committee shall be filled by election by majority vote of the Delegates at the Annual Meeting of the Delegate Assembly from candidates slated by the Nominating Committee or candidates nominated from the floor. These who are elected shall assume their positions at the close of the Annual Meeting of the Delegate Assembly.

In the event that no candidate for an elected position receives a majority of the votes cast on the first ballot, a run-off election shall be held between the two (2) candidates receiving the most votes cast on the first ballot.

B. Candidates for Officer, Administrative Fellow Director, Nominating Committee

The Nominating Committee shall consider only those candidates for Officers, the Administrative Fellow Director, or the Nominating Committee who shall submit to the Federation's principle office their intent to run for such position and curriculum vitae not less than sixty (60) days prior to the date of elections.

The office of Immediate Past President does not require election.

C. Candidates for District Director

Not less than thirty (30) days prior to the elections, the Federation shall distribute the intent to run and curriculum vitae of only those Candidates for District Director and
Alternate District Director who submit to the Federation’s principle office such documents not less than sixty (60) days prior to the date of District Caucus where the elections are to occur.

ARTICLE VI. DELEGATE PRIVILEGES AND RESPONSIBILITIES

Section 1. Duties and Responsibilities.

At the Annual Meeting of the Delegate Assembly, the Delegates shall provide direction to the Federation by consideration of such bylaw amendments and properly submitted resolutions that are expedient or desirable to fulfill and implement the stated purposes of the Federation.

Section 2. Privilege of the Floor.

Fellows, Honorary Fellows, Administrative Fellows, committee members, Board of Director members, and Delegates have the privilege of the floor during any meeting of the Delegate Assembly. At the discretion of the presiding officer, other attendees may be granted the privilege of the floor.

Section 3. Voting

Absentee voting and voting by proxy are not allowed.

ARTICLE VII. BOARD OF DIRECTORS

Section 1. Responsibilities of the Board of Directors.

The Board of Directors shall manage the affairs of the Federation including the establishment of an annual budget and the transaction of all business for and on behalf of the Federation. The Board of Directors shall carry out the legal resolutions, actions, or policies as authorized by the Delegates. The Board of Directors shall act for the Federation between Annual Meetings of the Delegate Assembly, and is authorized to develop appropriate policies to carry out the Bylaws and purposes of the Federation, and can authorize the Executive Committee of the Board of Directors to act on its behalf.

Following each Annual Meeting of the Delegate Assembly, the Board of Directors shall elect a Board Chair to serve a one-year term which includes presiding at the meetings of the Board of Directors and serving on the Executive Committee. The Board Chair must be one of the District Directors.

Section 2. Composition of the Board of Directors.

There shall be ten (10) members of the Board of Directors which include the Immediate Past President, President, Vice President, Treasurer (collectively referred to as Officers), one director from each of the five (5) Districts of the Federation, and the Administrative Fellow Director.

No member of the Board of Directors may simultaneously hold more than one position on the Board of Directors.

Section 3. Qualifications for Nomination and Election or Appointment.

A. Officers

1. President

At the time of nomination and election or appointment, the President shall be either a Fellow, an Honorary Fellow who has served as a member of a Member Board within the last five (5) years, or is currently serving on the Federation Board of Directors.

2. Vice President

At the time of nomination and election or appointment, the Vice President shall be either a Fellow, an Honorary Fellow who has served as a member of a Member Board within the last five (5) years, or is currently serving on the Federation Board of Directors.

3. Treasurer

At the time of nomination and election or appointment, the Treasurer shall be either a Fellow, or an Honorary Fellow who has served as a member of a Member Board within the last five (5) years, or is currently serving on the Federation Board of Directors.

B. District Directors

At the time of initial nomination and election or at the time of appointment, a District Director and Alternate District Director shall be either a Fellow, or an Honorary Fellow who has served as a member of a Member Board within the last five (5) years.

C. Administrative Fellow Director

At the time of nomination and election or appointment, and throughout the term, the Administrative Fellow Director shall be an Administrative Fellow, it being the intention that upon loss of Administrative Fellow designation, a vacancy in the Federation Board of Directors shall immediately occur.

Section 4. Duties of Officers.

A. President
The President shall be the chief executive officer of the Federation. The President shall preside at all Annual and Special Meetings of the Delegate Assembly. The President shall appoint committees and representatives to other organizations subject to the requirements of these Bylaws and policies adopted by the Board of Directors. The President shall serve as an ex-officio, non-voting member of all committees except for the Nominating Committee.

B. Vice President

The Vice President shall fulfill the duties of the President in the absence of the President.

C. Treasurer

The Treasurer shall be custodian of all Federation funds and keep an accurate record of said funds and property. The Treasurer shall oversee the payment of all bills approved according to policies adopted by the Board of Directors. The Treasurer shall submit a written report of all Federation accounts during the Annual Meeting of the Delegate Assembly or when requested by the Board of Directors, and shall serve as chair of the Finance Committee.

D. Immediate Past President

The Immediate Past President shall provide information and continuity regarding Federation matters. The Immediate Past President shall Chair the Nominating Committee.

Section 5. Terms and Limitations.

The terms of the Board of Directors shall be as follows:

A. Officers

Officers shall serve one (1) two-year terms to be elected in odd numbered years. The Immediate Past President shall not be an elected position, but will automatically follow service as the President. No Officer may serve more than one (1) term in the same office.

B. District Directors

The term of the District Directors and Alternate District Directors shall be three (3) years. District Directors and Alternate District Directors shall be ineligible to serve more than two (2) consecutive terms.

C. Administrative Fellow Director

The term of the Administrative Fellow Directors shall be three (3) years. Administrative Fellow Directors shall be ineligible to serve more than two (2) consecutive terms.

D. Partial Terms

Serving a partial term in any position on the Board of Directors shall not be considered in calculating a term of service.

E. Conclusion of Service

All Members of the Board of Directors shall serve as specified in these Bylaws or until a successor is duly elected or appointed.

Section 6. Compensation.

Directors shall not receive compensation for their service, but shall be reimbursed for reasonable expenses incurred while carrying out their Federation responsibilities. Directors may be entitled to an honorarium in accordance with policies adopted by the Board of Directors.

Section 7. Vacancies.

A. Officers

In the event of a vacancy in the office of President, the Vice President shall immediately assume the position.

In the event of a vacancy in the office of Vice President, the President with the input and approval of the Board of Directors shall appoint one of the eligible Directors to fulfill the duties, but not the office, of the Vice President until the next Annual Meeting of the Delegate Assembly, where a successor shall be elected to fill the office until the next regularly scheduled election.

In the event of a vacancy in the office of Immediate Past President, the President with the input and approval of the Board of Directors shall appoint a preceding past president to serve, with the most recent past president given first preference.

In the event of a vacancy in the office of Treasurer, the President with the input and approval of the Board of Directors shall appoint a qualified individual to serve until the next Annual Meeting of the Delegate Assembly, where a successor shall be elected to fill the office until the next regularly scheduled election.

B. District Directors and Alternate District Directors

District Director vacancies shall be filled by the duly elected Alternate Director from that district, who shall serve until the next Annual Meeting of the Delegate Assembly, at which time a District Director shall be nominated and elected to complete the unexpired term.
A vacancy in the position of Alternate District Director shall not be filled until election by the District Delegates in conjunction with the next Annual Meeting of the Delegate Assembly, at which time an Alternate District Director shall be nominated and elected to complete the unexpired term.

If both the District Director and Alternate District Director positions are vacant, the President with the input and approval of the Board of Directors shall appoint a qualified individual from the District in which the vacancy occurs to serve as District Director until the next Annual Meeting of the Delegate Assembly at which time a District Director and Alternate District Director shall be nominated and elected to complete the unexpired term.

D. Administrative Fellow Director

A vacancy shall occur immediately if the Administrative Fellow Director fails to maintain employment with a Member Board during the term of service. The President with the input and approval of the Board of Directors shall appoint a qualified Administrative Fellow to serve until the next Annual Meeting of the Delegate Assembly at which time an Administrative Fellow Director shall be nominated and elected to fill the unexpired term.

Section 8. Removal.

A member of the Board of Directors may be removed prior to the end of his/her term when, in the judgment of the Board of Directors, the best interest of the Federation would be served, and in accordance with policies adopted by the Board of Directors. Removal shall require a two-thirds vote of the remaining members of the Board of Directors.

ARTICLE VIII. BOARD OF DIRECTORS MEETINGS

Section 1. Regular Meetings of the Board of Directors.

The Board of Directors shall hold meetings from time to time as deemed necessary to carry out its responsibilities to the Member Boards, and in such format (in person or electronic) as may be determined by the Board of Directors.

Section 2. Special Meetings of the Board of Directors.

Special Meetings of the Board of Directors may be convened at the discretion of the President. A Special Meeting of the Board of Directors shall be convened by the President within thirty (30) days after having received a written request for such meeting from two-thirds of the members of the Board of Directors.

Section 3. Notice and Agenda.

Notice and proposed agenda for any regular meeting of the Board of Directors shall be given as soon as practical before the special meeting.

Section 4. Executive Session.

The Board of Directors may meet in executive session in accordance with policies adopted by the Board of Directors.

Section 5. Minutes.

The Board of Directors shall keep minutes of its meetings, and shall make these minutes available to any Member Board.

ARTICLE IX. COMMITTEES

Section 1. Nominating Committee.

A. Composition and Appointment

There shall be six members of the Nominating Committee which shall include one representative from each of the five Federation Districts and also the Immediate Past President who shall serve as Chair. The five District members shall be elected by majority vote by the Delegates at the Annual Meeting of the Delegate Assembly. The term of the Nominating Committee members shall be for one (1) year.

B. Eligibility

At the time of nomination and election or appointment, Nominating Committee members shall be a Fellow or Administrative Fellow and shall have attended at least two (2) Annual Meetings. To be considered by the Nominating Committee, interested candidates must submit a letter of intent and curriculum vitae sixty (60) days prior to the Annual Meeting of the Delegate Assembly to be eligible to be slated. Candidates may also be nominated from the floor during the Annual Meeting. No one may serve more than three (3) consecutive terms on the Nominating Committee.

C. Duties

The Nominating Committee shall submit to the Member Boards at least thirty (30) days before the Annual Meeting of the Delegate Assembly, a slate of those candidates it considers to be best suited for leadership in the open positions of the Officers and Administrative Fellow Director on the Board of Directors, as well as the Nominating Committee, in accordance with procedures approved by the Board of Directors.

D. Limitations and Vacancies

Individuals serving on the Nominating Committee or those who resign from this committee shall be ineligible to be
slated or elected, but not appointed, to an Officer or Administrative Fellow Director position within their elected term. In the event of a vacancy on the Nominating Committee, the President with the input and approval of the Board of Directors shall appoint a qualified individual to serve until the next Annual Meeting of the Delegate Assembly.

Section 2. Finance Committee.

A. Composition and Appointment

There shall be three (3) members on the Finance Committee, one of whom shall be the Treasurer who shall serve as Chair. Finance Committee members shall be appointed by the President with the input and approval of the Board of Directors. The term of the Finance Committee members shall be one (1) year.

B. Duties

The Finance Committee shall advise the Board of Directors on issues related to the use of the Federation's assets to assure prudence and integrity of fiscal management and responsiveness to the needs of the Member Boards. The Finance Committee shall recommend financial policies which provide guidelines for fiscal management, and review the annual audit.

C. Vacancies

In the event of a vacancy on the Finance Committee, the President with the input and approval of the Board of Directors shall appoint a qualified individual to serve.

Section 3. Bylaws and Resolutions Committee.

A. Composition and Appointment

There shall be at least five members on the Bylaws and Resolutions Committee, appointed by the President with the input and approval of the Board of Directors. The term of the Bylaws and Resolutions Committee members shall be one (1) year.

B. Duties

The Bylaws and Resolutions Committee may submit proposed amendments to the Bylaws and shall consider proposed amendments to the Bylaws submitted in accordance with these Bylaws, and shall consider all resolutions submitted in accordance with Federation policy. The Bylaws and Resolutions Committee shall make recommendations to the Annual Meeting of the Delegate Assembly regarding their adoption.

C. Vacancies

In the event of a vacancy on the Bylaws and Resolutions Committee, the President with the input and approval of the Board of Directors shall appoint a qualified individual to serve.

Section 4. Ad-Hoc Committees.

Ad-hoc committees may be established and appointed by the President as needed. The composition and tenure of committee members shall be determined by the President in accordance with policies adopted by the Board of Directors.

Section 5. Removal of Committee Members

With the exception of the Nominating Committee, appointed committee members may be removed prior to the end of his/her term when, in the judgment of the Board of Directors, the best interest of the Federation would be served. Removal shall require a majority vote of the Board of Directors.

ARTICLE X. REPRESENTATIVES AND APPOINTEES

Section 1. Representatives or Appointees to Other Organizations.

All representatives or appointees of the Federation to other organizations shall be appointed by the President with the input and approval of the Board of Directors.

Section 2. Appointees to the National Board of Chiropractic Examiners.

Appointees to the National Board of Chiropractic Examiners (NBCE) Board of Directors shall be appointed by the President with the input and approval of the Board of Directors and shall serve for a one (1) year term unless otherwise prohibited by the NBCE Bylaws. Such appointees shall be the Federation president and vice president unless either or both are unable to serve.

Section 3. Removal of Representatives or Appointees to other Organizations.

Any Federation representative or appointee to other organizations may be removed prior to the end of his/her term when in the judgment of the Board of Directors the best interest of the Federation would be served. Removal shall require a majority vote of the Board of Directors.
ARTICLE XI. FINANCES

Section 1. Fiscal Year.

The fiscal year of the Federation shall be the calendar year.

Section 2. Financial Records.

The Federation shall keep financial records available for inspection by Member Boards at the principle office of the Federation. A report shall be given on the financial condition of the Federation at the Annual Meeting of the Delegate Assembly, and the annual budget shall be presented to the Delegates.

Section 3. Audit.

The Board of Directors shall ensure that an annual audit shall be undertaken by a qualified individual or firm approved by the Board of Directors. The annual financial statement of the Federation for the previous fiscal year shall be presented to the Delegates at the Annual Meeting of the Delegate Assembly.

Section 4. Contracts.

The Board of Directors may authorize any Officer or Officers, or the Executive Director, to enter into any contract or execute and deliver any instrument in the name of or on behalf of the Federation.

Section 5. Checks, Drafts, or Orders.

All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness in the name of the Federation shall be signed by such officer or officers, agent or agents of the Federation and in such manner as authorized by the Board of Directors.

Section 6. Deposits.

All funds of the Federation shall be deposited to the credit of the Federation in such bank, trust company, or other depository as the Board of Directors may direct, in accordance with policies adopted by the Board of Directors.

Section 7. Limitations of Expenditures.

The Federation is limited to expending its funds for only those purposes described in the Certificate of Incorporation and these Bylaws.

Section 8. Insurance.

At the discretion of the Board of Directors and in accordance with policies adopted by the Board of Directors, the Federation shall secure appropriate insurance.

Section 9. Dues.

A. Annual Dues

Each Member Board will be assessed annual dues for membership in the Federation.

B. Modification of Dues

All proposals for modification of annual dues for membership shall be submitted to the Annual Meeting of the Delegate Assembly for approval by a majority vote.

ARTICLE XII. ETHICAL CONDUCT AND CONFLICT OF INTEREST

Members of the Board of Directors, FCLB committee members, appointees, and employees shall abide by the Bylaws, rules, guidelines, policies and procedures duly adopted by the Federation and avoid engaging in activities which constitute or may be perceived as a conflict of interest with regard to Federation matters.

ARTICLE XIII. EXECUTIVE DIRECTOR AND PRINCIPLE OFFICE

Section 1. Executive Director.

The Board of Directors shall hire an Executive Director to serve as the administrative officer of the Federation, who shall be accountable to the Board of Directors.

Section 2. Principle Office.

The Board of Directors shall establish the location of its principle office.

ARTICLE XIV. INDEMNIFICATION AND QUALIFICATION

Section 1. Indemnification.

Subject to the limitations of this Article, the Federation shall indemnify any person who was or is a party of or is threatened to be made a party to any threatened, pending or contemplated action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the Federation) by reason of the fact that such person is or was a committee member, and including the Board of Directors, or staff of the Federation, against expenses, including attorneys' fees, judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding only if such person acted in good faith and in a manner reasonably believed to be in or not opposed to the best interest of the Federation and, with respect to any criminal action or proceeding, had no reasonable cause to believe such conduct was unlawful. The termination of any action, suit or proceeding by judgment or settlement, condition or upon a plea of Nolo
Contendere or its equivalent shall not, in and of itself, create a presumption that such person did not act in good faith and in a manner reasonably believed to be in or not opposed to the best interests of the Federation and, with respect to any criminal action or proceeding, had reasonable cause to believe that such conduct was unlawful.

Section 2. Qualification.

Any indemnification under this Article shall be made by the Federation only as authorized in the specific case upon a determination that indemnification is proper in the circumstances because such person has met the applicable standard of conduct set forth in this Article. Such determination shall be made by the Board of Directors consisting of members who are not parties to such action, suit or proceeding or, if such quorum is not attainable, a quorum of disinterested members.

ARTICLE XV. PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert’s Rules of Order, Newly Revised shall govern the Federation in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Federation may adopt.

ARTICLE XVI. AMENDMENTS

Section 1. Amendment Proposals.

These Bylaws may be amended at any Annual Meeting of the Delegate Assembly. Any Member Board either directly or through its Delegate, or the Bylaws and Resolutions Committee, or the Board of Directors may propose Bylaws amendments. Proposed amendments to the Bylaws shall be in writing and received at the Federation office not less than ninety (90) days prior to the Annual Meeting of the Delegate Assembly. Such amendments shall be immediately forwarded to the Bylaws and Resolutions Committee for their recommendation, and then to the Delegates, Alternate Delegates, and all Member Boards not less than sixty (60) days prior to the Annual Meeting of the Delegate Assembly.

Section 2. Adoption.

Proposed amendments received in accordance with these Bylaws shall be presented at the Annual Meeting of the Delegate Assembly and must receive a two-thirds vote for adoption.

Section 3. Effective Date.

These Bylaws, and any other subsequent amendments thereto, shall become effective upon their adoption.

The foregoing are the Bylaws of the Federation, as adopted in Hollywood, CA, May 8, 2009.

Amended - May 1, 2010 - Baltimore, Maryland
Amended - May 7, 2011 - Marco Island, Florida
Amended - May 5, 2012 - San Antonio, Texas
Amended - May 3, 2014 - Myrtle Beach, South Carolina
I believe in having total clarity around our goals. I believe in creating these goals together as a group and . . . more than anything, making sure people understand that they have a responsibility to one another.

—Anne Sweeney
Dr. Christopher Alexander
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*Secretary*
Arkansas State Board of Chiropractic Examiners

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*District IV Director, FCLB*

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*Vice Chair*
Vermont Board of Chiropractic

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Bellows Falls, VT 05101

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Dr. Paul Townsend
*Director of Practical Testing*
National Board of Chiropractic Examiners

901 54th Ave
Greeley, CO 80634

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ptownsend@nbce.org

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Mr. Stephen Tracy
*Chief Financial Officer*
National Board of Chiropractic Examiners

901 54th Ave
Greeley, CO 80634

970-356-9100
stracy@nbce.org
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Ronald Tripp</td>
<td>District IV Director NBCE</td>
<td>2400 Tee Cir Norman, OK 73072-6378</td>
<td>405-321-8530</td>
<td><a href="mailto:DrRonTripp@aol.com">DrRonTripp@aol.com</a></td>
</tr>
<tr>
<td>Dr. Nathaniel Tuck</td>
<td>Board Member Virginia Board of Medicine</td>
<td>PO Box 1463 Christianburg, VA 24068</td>
<td>540-951-6900</td>
<td><a href="mailto:raytuck@tuckclinic.com">raytuck@tuckclinic.com</a></td>
</tr>
<tr>
<td>Dr. Robert VanBreemen</td>
<td>Board Member Louisiana State Board of Chiropractic Examiners</td>
<td>8621 Summa Ave Baton Rouge, LA 70809</td>
<td>225-647-8712</td>
<td><a href="mailto:ascchiro2@aol.com">ascchiro2@aol.com</a></td>
</tr>
<tr>
<td>Dr. Keita Vanterpool</td>
<td>Chair, DC Board of Chiropractic District III Director, FCLB</td>
<td>2300 Goodhope Rd SE Suite 916 Washington, DC 20020</td>
<td>202-744-3430</td>
<td><a href="mailto:DrKeitaV@gmail.com">DrKeitaV@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Cynthia Vaughn</td>
<td>Honorary Fellow The Joint</td>
<td>6800 W Gate Blvd Ste 117 Austin, TX 78745</td>
<td></td>
<td><a href="mailto:DrVaughn@ChiroAustin.com">DrVaughn@ChiroAustin.com</a></td>
</tr>
<tr>
<td>Dr. Christopher Waddell</td>
<td>President Oklahoma Board of Chiropractic Examiners</td>
<td>2621 N Broadway Shawnee, OK 74804</td>
<td>405-878-1340</td>
<td><a href="mailto:waddellchiro@gmail.com">waddellchiro@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Matthew Waldron</td>
<td>Chair Washington State Chiropractic Commission</td>
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<td></td>
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</tr>
<tr>
<td>Mr. David Walker</td>
<td>Health Licensing Specialist Government of District of Columbia Board of Chiropractic</td>
<td>899 North Capitol St NE, 2nd Floor Washington, DC 20002</td>
<td></td>
<td><a href="mailto:David.walker2@dc.gov">David.walker2@dc.gov</a></td>
</tr>
</tbody>
</table>
Ms. Marcia Walter  
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*Chairperson*  
Idaho State Board of Chiropractic  
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maryjowhitedc@aol.com

---

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*Board Chair & District I Director*  
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---

Dr. Wayne Wolfson  
*Honorary Fellow*  
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Ms Kylie Woolcock  
*Executive Officer*  
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Australia  
kylie.woolcock@ccea.com.au

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Dr. Terry Yochum  
*Director*  
Rocky Mountain Chiropractic Radiological Center  
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PO Box 745040  
Arvada, CO  80003  
DCRAD099@AOL.COM
**Farrel Grossman, D.C.**  
Dr. Grossman was elected President of the FCLB at the 2015 Annual Congress in New Orleans. He has previously served as Vice President, Treasurer, District V Director, and Executive Board Chair.

A former member of the South Carolina Board of Chiropractic Examiners, in 2010 Dr. Grossman was honored with the Distinguished Service Award from Sherman College and named Chiropractor of the Decade by the South Carolina Chiropractic Association. Dr. Grossman has also received 2008 Chiropractor of the Year Award from the SCCA as well as the 2006 Presidential Pillar Award from his colleagues in South Carolina.

**Professor Leslie Biggs**  
Professor Biggs is the Immediate Past President of the Councils on Chiropractic Education International and currently serves as Chair of the Standards Mapping and Review Steering Committee.

**Lisa Blanchard**  
Ms. Blanchard began working with the North Dakota Board of Chiropractic Examiners in 2007 and has served as the Executive Director since 2011. She is an active member of the FCLB PACE Committee and dedicated chiropractic regulator.

**Beth Carter**  
Ms. Carter has been Executive Director for the Oklahoma Board of Chiropractic Examiners since 2000 and has worked with the Board since 1999. She is presently the Chair for the Chiropractic Board Administrators Committee.

**Daniel Côté, D.C.**  
Dr. Côté is the NBCE District I Director and President of the Oregon Board of Chiropractic Examiners.

In every aspect of the chiropractic profession, Dr. Côté is committed to use his leadership and consensus-building skills. As a member of the Oregon Board of Chiropractic Examiners, Dr. Côté aims to keep the name of chiropractic honorable by protecting the public from those who simply cannot differentiate between right and wrong correcting, by focusing on those doctors that may have momentary lapses in judgment. Dr. Côté says that “at the state level, I can help protect chiropractic scope of practice, the right to practice on a level playing field for all chiropractors regardless of their philosophy.” On a national level, Dr. Côté wants to improve recognition, acceptance and usage of chiropractic. He believes that through standardized testing, the National Board can help close the gap between the very high percentages of Americans with a positive perception of chiropractic and the low percentage of Americans who actually utilize chiropractic.
Donna Craft, D.C.
A graduate of Palmer College of Chiropractic, Dr. Craft has served on the NBCE Board of Directors since 2003 and is currently the Board President. Dr. Craft is a former chair of the Michigan Board of Chiropractic. She holds a Diplomate in Chiropractic Pediatrics and is a founding member of the ICA's Council on Chiropractic Pediatrics.

Dr. Craft has always believed that “if you want to make a difference, you have to be involved. Apathy will get us nowhere as a profession.” To that end, Dr. Craft believes that being involved with a high quality testing organization, such as the NBCE, is an honor. Along with helping the NBCE maintain professional excellence in testing, she focuses on conservative fiscal responsibility. Dr. Craft says, "When I graduated from Palmer in 1986, there were very few women attending professional meetings. Not only have the numbers of female chiropractors increased, but I am excited to see how many more are participating in our professional organizations.”

Kevin Fogarty, D.C.
Dr. Kevin Fogarty is a 1985 graduate of Palmer College of Chiropractic in Davenport, Iowa. He received his Fellowship in Applied Spinal Biomechanics in 1989, his certification in Spinal Whiplash Trauma in 1994 and earned his title Legionnaire of Chiropractic Philosophy, L.C.P. in 2002.

Dr. Fogarty served on the Florida Chiropractic Board of Examiners from 1994 until 2001, and was President of the State Society from 1996 until 2000. He continues to serve for the Florida Department of Health Administration, being appointed to the Board of Chiropractic Medicine from September 2011 to present and currently serves as its Chairman. He is also a Trustee for Life University in Marietta Georgia from 2009 to present and currently serves as its Chairman. Special honors Dr. Fogarty has acquired include being Voted Fellow in the International Chiropractic Association, F.I.C.A., 2000 Chiropractor of the Year, Florida Chiropractic Society, awarded his Philosopher of Chiropractic, PHC in 2006 and most recently the International Chiropractic Assoc. Representative of the Year and the Lifetime Achievement Award for Dedication and Service to the Chiropractic Profession both in 2010. In 2012 he was awarded the President’s Award by the International Chiropractic Association and in 2014 the Life University Honorary Alumnus Award.

Dr. Fogarty has been published in "Philosophical Contemplations" in 2002 and in 2008 in the Proceedings as presented at The Conference and Research Symposium in Chiropractic Pediatrics, Gold Coast Australia. He speaks internationally on an array of subjects from philosophy to ethics to regulatory issues concerning the chiropractic profession.

Dr. Fogarty lives by the Chiropractic Philosophy and his greatest joy is to share chiropractic with others.

Patricia Gilbert
Ms. Gilbert is the Executive Director of the Texas Board of Chiropractic Examiners.

Hank Hulteen, D.C.
A long-term practitioner, regulator, and educator, Dr. Hulteen brings vast experience and a dedication to service that he willingly shares with the FCLB community.

Dr. Hulteen's extensive service to chiropractic regulation began with the South Carolina Board of Chiropractic Examiners where he served seven terms as chair. Dr. Hulteen has also served multiple terms on the FCLB Board of Directors and was recently elected to the NBCE board as well.

With more than four decades in practice and multiple awards for leadership and service, Dr. Hulteen has become an annual meeting icon for the FCLB.

John LaMonica, D.C.
Dr. John J. LaMonica has been a Chiropractor since 1985. He graduated Magna Cum Laude from the New York Chiropractic College. After working as a covering doctor, he opened a private practice in 1987 in White Plains, New York, where he is still presently located. He has won many awards throughout the years for his contributions to the profession. They include the Council’s District Service Award, Willing Spirit Award, Distinguished Service Award as well as the Council’s Chiropractor of the Year-Beacon Award. He has been the host of the cable television show “Ways to Better Health”. He has been a local and national Speaker on a variety of topics that include Insurance Documentation, New York Workers’ Compensation Guidelines, Medicare and Electronic Health Records. He has served the profession for over two decades in various positions for both State and National Chiropractic Organizations. He presently holds the position of President for the New York Chiropractic Council as well as Vice-President for the Congress of Chiropractic State Associations.
Craig S. Little, D.C., M.Ed.

Dr. Little served as a practicing doctor of chiropractic for over 30 years. Dr. Little has a Bachelor of Science in Biology, a Doctor of Chiropractic Degree from the Southern California University of Health Sciences, and a Master’s Degree in Educational Leadership from Chapman University. Dr. Little is board certified by the American Board of Chiropractic Orthopedists and is a Fellow of the American College of Chiropractic Orthopedics. Dr. Little’s professional experience includes prior leadership roles with CCE as its Chair, Executive Committee member, and Councilor. He served the chiropractic profession as President of the California Chiropractic Association; as a board member of the Congress of Chiropractic State Associations; and, in multiple roles with state as well as national chiropractic organizations.

Patricia Oliver

Ms. Oliver is the Executive Director for the Louisiana Board of Chiropractic Examiners and currently serves as the Administrative Fellow Director for the FCLB.

Professor Stefan Pallister

As well as being a CCEI director, Prof. Pallister is the Deputy Chair of the New Zealand Chiropractors Board, an Executive Member of CCEA and has Chaired CCEA’s recent Standards review process.

Amy Richardson

Amy H. Richardson is an associate attorney with the law firm of Atkinson & Atkinson, LLC, located in Northbrook, Illinois, where she has been practicing since 2006. Atkinson & Atkinson represents numerous associations of regulatory boards in all matters relating to their operations as not-for-profit corporations, including education and accreditation, disciplinary actions, model legislation and applications, and all phases of the development and administration of licensure examination programs, licensure transfer programs, licensure credentials verification, and storage. In addition to association law, Ms. Richardson works in the areas of estate planning and estate administration, real estate, and corporate law. She received her law degree at the University of Miami and her BS in psychology from Lewis and Clark College. She is a member of the Illinois Bar Association and the Chicago Bar Association, and is the Immediate Past Chair of the Chicago Bar Association's Trade and Professional Associations Law Committee.

Kirk Shilts, D.C.

A graduate of Palmer College of Chiropractic, Dr. Shilts has served as Chair of the Massachusetts Board of Registration of Chiropractors. Formerly the District III Director of the FCLB, Dr. Shilts was elected Treasurer in 2015.

Dr. Shilts has served on numerous committees and has been instrumental in the development of multiple FCLB projects.

Dr. Shilts received FCLB recognition awards in 2007 and 2009 and earned the FCLB President’s Blue Flame Award in 2013.

Larry Spicer, D.C.

Dr. Spicer has been in the health care profession for 45 years as a lecturer, author, educator, practitioner, and regulator.

Dr. Spicer has taught many health care subjects including radiation physics, anatomy, physiology, and chiropractic technique, as well as regulatory and professional boundary issues. He has taught throughout the country and in many other parts of the world including Japan and Korea, where he was one of the instructors for the medical component of the Korean Olympic Committee preparing for the 1988 Olympics. Dr. Spicer is currently serves in his 24th year as the Executive Director of the Minnesota Board of Chiropractic Examiners, and was the 2003 recipient of the FCLB's George Arvidson Award. Dr. Spicer recently completed two terms as the Executive Fellow Director to the Federation of Chiropractic Licensing Boards.
**Cynthia Tays, D.C.**
Serving as the District IV Director to the FCLB, Dr. Tays is also a long-time member of the Texas Board of Chiropractic Examiners. Dr. Tays was awarded the FCLB Pillar of Regulation award in 2014 and has been a presenter at previous FCLB annual meetings.

Dr. Tays has served as an NBCE Test Committee Member and an Examiner.

Currently, Dr. Tays acts as an independent medical/chiropractic examiners for dispute cases in Texas.

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**Keita Vanterpool, D.C.**
Dr. Keita Vanterpool is the FCLB District III Director, having assumed the position at the 2015 Congress in New Orleans, Lousiana.

Dr. Vanterpool is the Acting Chair of the District of Columbia Board of Chiropractic.

A graduate of Life University, Dr. Vanterpool has served as an NBCE Examiner and is also a certified personal trainer.

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**Carol Winkler, D.C.**
Elected Board Chair in 2015, Dr. Winkler also serves as the FCLB District I Director.

Dr. Winkler is a past president of the North Dakota Board of Chiropractic Examiners and continues a family tradition of protecting the public through service to regulation.

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**Wayne C. Wolfson, D.C.**
Dr. Wayne C. Wolfson graduated from the Palmer College of Chiropractic in 1977, following graduation from the University of Tennessee. He is a fellow of the American College of Chiropractors and past member of the Florida Department of Business and Professional Regulations, Chiropractic Peer Review Committee.

He has served in various leadership positions, being past chairman of the Florida Board of Chiropractic Medicine, director of the National Board of Chiropractic Examiners and past president of the Federation of Chiropractic Licensing Boards. He has served as a College Site Team Examiner for the Council on Chiropractic Education, Commission on Accreditation. Dr. Wolfson was named President of NCMIC Group, Inc. and National Chiropractic Mutual Holding Company in 2015.

Dr. Wolfson was honored as the Florida Chiropractor of the Year in 2002 by the Florida Chiropractic Association, and receive the Distinguished Service Award from the Florida Board of Chiropractic Medicine in 2005. He received the George Arvidson Award for meritorious service from the Federation of Chiropractic Licensing Boards in 2007 and in 2010 was awarded the Paul M. Tullio Award for Dedicated Service to the National Board of Chiropractic Examiners.

Active in his community, he is the former member of the Valencia Community College, Board of Trustees, Orlando Museum of Art, the Orlando/Orange County Convention and Visitors Bureau and in 2004 was Chairman of the Orlando Regional Chamber of Commerce. Currently he serves on the Board of Directors of the Florida Bank of Commerce. He resides with his wife and son in Winter Park, Florida.

Dr. Wolfson is also the founder of the FCLB Wolfson Scholarship for student leaders.

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**Kylie Woolcock**
Ms. Woolcock is Executive Officer of CCE-Australasia.
Terry Robert Yochum, DC, DACBR, Fellow, ACCR, FICC

Dr. Terry R. Yochum is a second-generation chiropractor and a cum laude graduate of the National College of Chiropractic, where he subsequently completed his radiology specialty. He is a member of the Sigma Chi Fraternity (1967). He is a Diplomate of the American Chiropractic Board of Radiology and served as its Vice-President and President for seven years (1983-1990).

Dr. Yochum is currently Director of the Rocky Mountain Chiropractic Radiological Center in Denver, Colorado, and an Adjunct Professor of Radiology at the Southern California University of Health Sciences (formerly LACC).

On September 27, 1996 Dr. Yochum was bestowed the honor of "Fellow" by the American Chiropractic College of Radiology (ACCR). He is the youngest recipient ever to receive this award, which has only been given to eight DACBR’s since the inception of the ACCR in 1958. The title of Fellow is the highest honor awarded to any member of the ACCR for distinguished service and contributions in the advancement of chiropractic radiology. Dr. Yochum was also honored with an appointment to the Department of Radiology at the University of Colorado School of Medicine as a skeletal radiologist, where he has been on staff since January of 1991. In June of 1991, 1993, 1996, 1997, 1999, 2001, 2003, 2004 and 2006 he was unanimously voted “Best Faculty Radiology Instructor of the Year” by the 40 radiology residents at this university. He is the only person ever to have won this award nine times. Dr Yochum is the recipient of the "Dr. Monte Greenawalt Chiropractic Excellence Award“, presented in Las Vegas, Nevada, in February 2003, Dr. Yochum was voted the co-chiropractor of the year (2006) in his home state of Colorado.

Dr. Yochum has been inducted into 4 Hall Of Fames. In 1998 – The St. Louis Amateur Baseball Hall of Fame: 2010 - The National College of Chiropractic Hall of Honor; 2011 – The National Fraternity – Sigma Chi Hall of Fame – given the designation of “Significant Sig; 2014 – Inducted into Cleveland High School Hall of Fame, St. Louis – where both he and his father attended high school.

Dr. Yochum has presented over 1,200 lectures worldwide. He has had over 250 scientific articles published in both the chiropractic and medical literature. The first edition of Dr. Yochum’s text, "Essentials of Skeletal Radiology“, is a benchmark publication for the profession. This textbook sold over 100,000 copies since 1987. It is the required text in radiology at all 40 chiropractic colleges worldwide and is being used in over 100 medical schools around the world. The third edition of Dr. Yochum’s text was released in 2005 and has expanded to 1,900 pages with a new chapter entitled “Masqueraders of Musculoskeletal Disease“.
Annual Report

- Report
- Financial Report
- Articles of Incorporation
- Membership Overview
- Districts
- Organizational Chart
- Board of Directors
- Committees
- Conference Supporters

And how is clarity to be achieved?
Mainly by taking trouble and by writing to serve people rather than to impress them.

-F.L. Lucas
A major part of the FCLB’s mission is to serve member boards. Ongoing improvements and expansion of the CIN-BAD system, PACE program, website services, and educational conferences comprise the bulk of the Federation’s mission.

**CURRENT FCLB PROJECTS**

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Portability</td>
<td>The FCLB is investigating ways of offering selective authentication of licensure status for temporary mobility. Focused primarily on international travel, our new Passport program will offer verification of good standing, NPI information, and clean criminal backgrounds for DCs interested in travelling to treat.</td>
</tr>
<tr>
<td>Informed Public</td>
<td>FCLB is participating in FARB’s Look up a License awareness campaign, encouraging the public to verify the licensure status of a wide range of professionals. The FCLB’s website is linked up on FARB’s license check site and we offer our own table of links to the online license verification services of our member boards.</td>
</tr>
<tr>
<td>Social Media</td>
<td>Find us on FaceBook! The FCLB has launched our FaceBook page to help us keep in touch with public, professionals, and our member boards.</td>
</tr>
<tr>
<td>Become an Ambassador</td>
<td>Our Chiropractic Ambassador Program (CAP) is designed to educate affiliated organizations and future chiropractors about the role of regulation and the services of the FCLB.</td>
</tr>
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</table>

**FCLB SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>The FCLB website continues to be an excellent resource for jurisdictional regulatory information as well as links to prominent chiropractic organizations and programs. Check out the Chiropractic Boards page for direct links to member boards’ home pages, license verifications, legal language and licensure applications. Visit us at <a href="http://www.fclb.org">www.fclb.org</a>.</td>
</tr>
<tr>
<td>Official Directory</td>
<td>The FCLB Official Directory outlines the requirements to obtain and maintain a license. Now offered exclusively online, the Directory is updated immediately as we receive reports and changes from member boards. Staff also conducts an annual survey of member boards to ensure we offer the most up-to-date information.</td>
</tr>
</tbody>
</table>
A number of major insurance carriers have raised the question:

“Should chiropractors be reimbursed for therapies that are performed by ‘unlicensed’ personnel?”

What does this mean for regulatory boards?

Clearly, these CAs should be appropriately trained to follow the directive of the doctor. Training should be of sound quality, verified by a national certification program that includes a reliable examination.

An increasing number boards in the United States are developing language in their laws to regulate chiropractic assistants who help with therapies.

The Federation now has model regulatory language for boards that do not currently regulate CA’s. For boards interested in this program, they may dovetail their programs with the new national certification program. Those with existing authority are invited to adapt their programs to recognize and offer appropriate credit for future CAs who will have earned this important credential.

FCLB staff conducts PowerPolls for our members, surveying boards on a wide array of regulatory and administrative policies. Additionally, PowerPoll archives are posted on the Members Only portion of our website so that member boards may research past surveys.

Using multiple e-news services, we “crawl the Web” continuously, looking for published discipline-related news involving doctors of chiropractic and bringing them to the attention of their licensing board(s).

Among many options, stories may include civil or criminal convictions, arrests, public investigations, on-going prosecution or dismissal of charges. While guilt or innocence is not necessarily implied by the news stories, the service allows our member boards to mark it on their “radar” and take appropriate administrative action according to their rules and regulations.

With a revised, easier to read report, improved online data entry, and a simplified search page the CIN-BAD program continues to be an effective method for tracking sanctions between jurisdictions. For a quick reference guide to the CIN-BAD changes, visit the FCLB website.

The database is updated daily.

The Federal government recently issued revised codes for reporting to the National Practitioner Databank. For those jurisdictions who have designated FCLB to report their actions to the federal database, these and other programming changes are unnoticeable because the FCLB handles the process.
Streamlining CE provider recognition

Built in response to a joint request by the Federation's member boards and the postgraduate education community, PACE significantly reduces CE recognition workloads.

The program relies on experts in chiropractic education to assess and recommend improvements for CE providers to ensure that those providers meet uniform regulatory standards for relicensure credit.

What's new? DCs with credits through PACE can print or email reports of their CE directly to boards for license renewal.

District Meetings

We’ve finalized the 2016 District Meeting schedule.
Districts I & IV: Colorado Springs, CO – October 13-16
District II: Fort Walton Beach, FL – October 13-16
Districts III & V: Nashville, TN – September 15-18
Please see our website or your meeting materials for hotel and travel information.

Conference 2017

2017 takes us to Orlando, Florida. Please join us May 3-7, 2017 at the Hyatt Regency Orlando. We look forward to more great insights from our volunteer presenters as well as networking and sharing opportunities for our members.

REFERENCES & PUBLICATIONS ON OUR WEBSITE

FCLB Model Practice Act

The FCLB has crafted model language for the regulation of chiropractors and chiropractic assistants who help with therapies. This model document is now available under the publications section of our website.

Model Code of Ethics for Board Members

Initiated as an FCLB project to define the qualifications and obligations of regulatory board members, this document has been adapted and adopted for use in all regulated professions by the Federation of Associations of Regulatory Boards (FARB). The Code also helps provide a standard for governors to assist them with original appointments.

Resources

Check out our website for links to related organizations and their upcoming events.

Model Disciplinary Code

This FCLB publication provides a basic framework for boards to evaluate their current approach to discipline to better ensure consistency within the board and among jurisdictions. This great reference offers a checklist of violations and range of sanctions to ensure no categories are inadvertently omitted.
| **FARB’s Model Practice Act & Model Renewal Application** | The FCLB is a longstanding member of this organization, which is a “federation of federations.” Working together with representatives from the attorneys general, the Federation of Associations of Regulatory Boards (FARB) has refined the application for licensure to safeguard against challenges posed by current case law. FARB has also developed a Model Practice Act and License Renewal Application which have been reviewed by boards and regulatory lawyers from both the US and Canada. |
| **Qualifications to Perform Spinal Manipulation** | This FCLB document focuses on the level of training and skill required to safely perform spinal manipulation. It is the result of several years of development under a Federation task force, with the expertise of lead author Dr. John J. Triano. To review this document, visit our website and click on “Publications” in the “Resources” menu. |
| **Model Framework: Uniform Evaluative Process for Treatments & Devices** | At the request of member boards, the Task Force on Uniform Evaluative Processes for Treatments and Devices developed uniform guidelines to assist regulators in assessing new treatments and devices. While the actual responsibility for determining whether specific treatments fall under jurisdictional scope of practice lies with individual boards, this tool helps them to simplify and standardize those processes. A copy of the evaluation tool is available on the FCLB website. |
| **Ethics Materials** | The FCLB website hosts an online library. A major portion of this library consists of ethics resources including the FCLB booklet entitled *Regulatory Resources for Doctors of Chiropractic with Ethics Issues*. |
| **FCLB Resource Brochures** | Our comprehensive informational brochures – about the FCLB, the CIN-BAD databank, CCCA Program and PACE – are all available for download at no charge through our website. |

Please visit our website at [www.fclb.org](http://www.fclb.org) where the Federation of Chiropractic Licensing Boards is at work for regulation 24 x 7.
# Financial Report

Statement of Revenues, Expenses, and Changes in Fund Balance - Accrual Basis

Year-Ending December 31, 2015

## REVENUES

<table>
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<td>NBCE General Operations</td>
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<tr>
<td><strong>NBCE In Kind Contributions</strong></td>
<td>31,060</td>
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<tr>
<td><strong>TOTAL 2015 REVENUES</strong></td>
<td><strong>$871,805</strong></td>
</tr>
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</table>

### 2016 Transfer from Designated Funds:

- **2016 Transfer from Technology Fund** $16,100

Note: FCLB appreciates the NBCE’s additional annual in-kind contribution of office space and utilities valued by NBCE at $31,060

## EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
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<td><strong>Rent &amp; Utilities - NBCE In Kind</strong></td>
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<td><strong>Depreciation &amp; Amortization</strong></td>
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<td><strong>TOTAL 2015 EXPENSES</strong></td>
<td><strong>$708,044</strong></td>
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</table>

### 2016 Transfer to Designated Funds:

- **12-Month Operating Fund** $24,258
- **CCCA Fund** $17,000
- **Passport Fund** $20,000

*Includes travel expenses for participation at Annual Conference, Districts, Mid-Year BOD, FARB, Summit, ACC-RAC, COCSA, etc.*
**Financial Analysis**

Comparative Net Assets, and General Revenue & Expense Information

### NET ASSETS

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<td>$ 816,922</td>
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### REVENUE INFORMATION

**NBCE** continues to be the Federation’s main source of funding. Testing is the primary avenue of support for all other federations of regulatory boards. FCLB’s beautiful office space, provided by NBCE, was valued in 2015 at $31,060 and is shown as an *in kind contribution* in the 2015 Audit.

FCLB extends its warmest appreciation to NBCE for its continued support.

**Meetings** income supports one of the larger and most valuable of the member services, enabling FCLB to provide top quality educational programs for both conference and district meetings.

**Membership dues** provided 7% of the 2015 budget. FCLB members include regulatory boards from the United States, Canada, Australia, New Zealand, and United Kingdom.

**CIN-BAD** database revenues declined as some subscribers are using the U.S. federal databank for credentialing.

**PACE** gained additional providers in 2015 and received income in the form of records fees, annual renewal fees, and application fees from its approved providers.

**Supporter** contributions provided by NBCE, chiropractic colleges and independent sources assist FCLB in presenting important and effective programs in chiropractic regulation.

**Interest income** is earned on available funds through certificates of deposit and other interest bearing accounts.

**Miscellaneous Income** includes student scholarship and credit card rebate income

### EXPENSE INFORMATION

**Salaries & Benefits** - The Federation offers its staff of five a retirement benefit, a group health insurance plan and a group dental plan.

**Meetings** - FCLB constantly strives to provide the highest quality program at a cost that fits the budget of member boards and allows the greatest attendance by regulators. This category includes all costs involved in presenting and/or attending meetings including travel, hotel sleeping rooms, banquet fees, audiovisual, etc., all of which continue to rise while FCLB meeting registration fees have not increased.

In addition to the programs provided by FCLB, the board and executive director attend and participate in meetings of other stakeholders as necessary.

In 2015, members of the board of directors are eligible to receive a $325/day honorarium and a $100/day per diem for meals and tips when traveling on behalf of the FCLB.
Legal - Legal funds are expended for occasional attorney participation in board meetings, and general legal advice as needed.

Postage & Shipping - includes shipping to educational conferences as well as daily postal costs. Much communication is done by e-mail and via the FCLB website.

Audit Services - Approved by the Board of Directors, the annual audit was performed by the independent CPA firm of Anton Collins Mitchell, LLP.

Business Insurance - Business owner’s liability, travel and accident liability, board of directors’ liability, surety bonds, and worker’s compensation coverage.

Internet Services - Hosting for the FCLB website and central integrated database.

Bank and Credit Card Service Fees - Transaction costs charged to FCLB when services are paid for via credit card (a function increasingly preferred by stakeholders).

Gifts & Awards - Presented at conference in recognition of those who serve in chiropractic regulation as well as small gifts given throughout the year for special occasions.

Dues - FCLB membership dues for participation in FARB, CLEAR, AHC, and Chamber of Commerce

Public Relations - Costs for promoting and identifying FCLB and its services, including CIN-BAD, PACE, CAP and CCCA.
Financial Analysis
2015 Highlights, 2016 Projections, and Notes

2015 HIGHLIGHTS COMPARED TO BUDGET

• PACE income ↑ by $14,000
• Supporter income ↑ by $4,500
• Total payroll ↓ by $14,000 due to less overtime and temporary help
• Payroll taxes ↓ by $6,500 per above and employee pre-tax retirement
• Health reimbursement arrangement ↓ by $9,000 due to healthy staff
• Equipment & maintenance ↓ $8,000 due to refurbished rather than new copier; reduced # of copies made; and did not need other equipment
• I.T. was ↓ $17,000 due to not requiring software changes
• Meeting expenses were ↓ $37,000. (Breakdown: Transportation, rooms & registration $11,000; Honorariums & per diems $9,500; Banquet fees 6,500; Speakers & Audio Visual $7,000)
• Legal fees ↓ $14,000 due to not having legal counsel for entire annual conference

NOTEWORTHY 2016 PROJECTIONS

• NBCE funding projected to ↓ $30,000 (from $580,000 to $550,000) - about 5%
• Supporter income projected to ↑ $2,000 (from $15,000 to $17,000)
• PACE income projected to ↑ $5,000 (from $35,000 to $40,000)
• Meeting expense is projected to ↓ $54,000 (from $243,000 to $189,000) Due to fewer board members attending outside meetings and NBCE paying for 3 to attend this Mid Year meeting. (Breakdown: Transportation, rooms & registrations $18,500; Honorariums & per diems $27,000; and Conference cutbacks $9,000)
• Software Upgrades projected to ↑ $16,000* (initial investment) plus $15,000/yr in support
  * initial investment will come from Tech Development Reserve Fund
• Hardware Upgrades projected ↑: New computer server (approx. $5,500); or telephone system (approx. $5,000)

NOTES

The 2015 figures are based on an audit by Anton Collins Mitchell, LLC, Certified Public Accounts. Their official statement is available for review by any member. This report is not prepared by them but is presented to help members better understand FCLB finances.

FCLB identifies but does not fund depreciation.
Financial Analysis
Board Designated Funds

FUNDs DESCRIPTIONS - MARCH 2016

Cash & Cash Equivalents:
The FCLB began fiscal year 2016 with $1,112,309 available cash for daily operations. Funds are invested in certificates of deposit and interest bearing money market accounts. At March 31 the balance of Cash and Cash Equivalents is $1,368,700.

12 Months Operating Fund:
The board added $25,465 at 2015 year end bringing the total to $328,551. Additionally, the board approved $24,258 to be allocated for 2016. The fund is currently at approximately 44% of the Board’s goal of a 12 month operating reserve.

PACE Development Fund:
In anticipation of the implementation costs for the PACE program, the board approved the fund establishment in 2004 totaling $70,000. The board depleted the fund in September 2005 and then replenished it with $36,000 in January 2006. The board withdrew $30,000 in January 2007 for PACE expenses. In January 2009 the board approved adding $25,000 to this fund. $15,000 was added in 2011 in to help cover the anticipated 2012 cost of a PACE rubric team meeting. It has not been necessary to withdraw additional funds since 2012. The fund remains at $46,000.

Technology Development Fund:
Early in 2004, the board created a $30,000 technology fund to support programming and internet costs. In January 2007, $15,000 was applied toward technology costs. In December 2007, $80,000 was added to the fund in anticipation of revamping the entire FCLB information technology infrastructure. An additional $20,000 was added in January 2009, and $40,000 was added in December 2009. The current balance is $155,000. In January of 2016, it was decided that $16,100 should be used toward upgrading software. The current balance is $138,900.

Equipment Replacement Fund:
This fund was established in December 2004 to replace and upgrade hardware on a three to eight year rotation schedule. It was used in the past to support CIN-BAD upgrade expenses and subsequently replenished. An additional $10,000 was added in January 2009. The current balance is $19,000.

CCCA Development Fund:
The initial deposit of $5,850 was from the sale of raffle tickets in May of 2012 for the implementation costs for the CCCA program. This amount was depleted with the purchase of the badge making machine and software programming. $27,950 was added from Gala/Auction in 2013. Subsequent expenses depleted the fund to a total of $13,686. In January 2016, the Board of Directors approved $17,000 be reallocated to this fund from the general funds bringing the balance to $30,686.
**Passport Development Fund:**
In January 2016, the Board of Directors designated $20,000 for the implementation of the Passport Program.

**Student Leadership Fund:**
This fund began in August of 2004, with deposits made by Dr. Wayne Wolfson, usually on an annual basis. These funds are used for students of nearby chiropractic colleges to attend our annual conference. In 2010, the Board of Directors directed that this fund should be maintained at a minimum of $5,000. The balance is currently $10,784.97

**Chiropractic Board Administrator Committee Fund (CBAC):**
This fund began in the amount of $2,864 in December of 2010 with the dissolution of ACBA. Funds are contributed annually with the registration of Board Administrators paying $100 to attend the CBAC meeting at our annual conference. Expenses for the meeting room, meals and audio visual are reimbursed to the FCLB general fund.

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**FUNDS BALANCES - MARCH 2016**

**Board Designated Funds Balances (March 31, 2016)**

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<thead>
<tr>
<th>Fund</th>
<th>Balance</th>
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<tbody>
<tr>
<td>General Operating Fund</td>
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<tr>
<td>Technology Development Fund</td>
<td>$138,900</td>
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<tr>
<td>PACE Development Fund</td>
<td>$46,000</td>
</tr>
<tr>
<td>Equipment Replacement Fund</td>
<td>$19,000</td>
</tr>
<tr>
<td>CCCA Development Fund</td>
<td>$30,686</td>
</tr>
<tr>
<td>Passport Development Fund</td>
<td>$20,000</td>
</tr>
<tr>
<td>Student Leadership Fund</td>
<td>$9,785</td>
</tr>
<tr>
<td>CBAC Fund</td>
<td>$2,579</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$619,759</strong></td>
</tr>
</tbody>
</table>
Financial Report
Adopted Budget 2016

**PROJECTED 2016 REVENUES**

- NBCE General Operations: $550,000
- Dues: 74,100
- Meetings: 69,000
- PACE: 40,000
- CIN-BAD Subscriptions & Queries: 34,500
- NBCE Shared Conference Expenses: 15,000
- Supporter Income: 17,000
- CCCA Fees: 2,000
- Interest: 5,000
- Rebate Income: 2,000

**2016 Total Budgeted Revenues** $808,600

**PROJECTED 2016 EXPENSES**

- Payroll: $347,855
- Meetings Expense*: 190,838
- Information Technology: 35,900
- Payroll Taxes: 31,130
- Group Health & Dental: 28,500
- Legal Services: 18,000
- Retirement: 15,755
- Audit Services: 8,100
- Business Insurance: 7,700
- Telephone: 6,500
- Internet Services: 6,300
- Equipment Maintenance & Copies: 6,000
- Bank & Credit Card Servicing Fees: 5,800
- Postage & Shipping: 5,500
- Equip - Large ($1,000+): 5,000
- Office Supplies & Publications: 5,000
- Public Relations: 3,900
- Dues: 3,180
- Gifts & Awards: 2,250
- Staff Development & Misc.: 2,000
- Printing: 1,500
- Equipment - Small (less than $1,000): 1,000
- Storage: 660
- Resident Agent & Filing Fees:

**2016 Total Projected Expenses** $738,443

*Includes travel expenses for participation at Annual Conference, Districts, Mid-Year BOD, PACE, FAR, Summit, ACC/RAC, COCSA, etc.

Kirk Shilts, D.C., FCLB Treasurer
The Articles of Incorporation of the Federation of Chiropractic Licensing Boards is amended and restated to read as follows:

1. The name of the corporation shall be “Federation of Chiropractic Licensing Boards”.

2. The term of the existence of the corporation shall be perpetual.

3. This corporation is a public benefit corporation.

4. The corporation is organized to operate exclusively within the meaning of Section 501 (c)(3) of the Internal Revenue Code (or the corresponding provision of any future United States Internal Revenue Law) for charitable and educational purposes and for the purpose of lessening burdens on government, and, more specifically: to provide programs and services that assist member chiropractic licensing boards fulfill their statutory obligations to regulate the profession in the interest of public protection. These programs and services shall include, but not be limited to, those that promote uniform standards among licensing boards, examination and testing services, and educational programs teaching chiropractic (including those leading to the Doctor of Chiropractic degree, postgraduate chiropractic education, diplomate and certification programs, and continuing education for relicensure purposes.)

5. The internal affairs of the corporation shall be managed by a board of directors, composed of no fewer than eight (8) members, who shall be elected by the members of the corporation in such a manner and have such qualifications as the bylaws of the corporation shall from time to time provide.

6. The address of the registered office is 320 Boyd Bldg., Box 1004, Cheyenne, WY 82001 and the registered agent is William A. Riner.

7. The corporation is not organized for profit and shall have no capital stock, but shall issue memberships to such persons and governmental bodies as the bylaws shall provide. All such memberships shall be non-assessable, except that annual payment of dues in such amount as the bylaws may provide may be required as a condition of securing or continuing any membership issued by the corporation, as the bylaws shall from time to time provide.

8. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Paragraph Nine hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

9. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.
Membership Overview

This section is designed to help you understand some of the basics involved in Federation membership. Please feel free to contact any member of the Federation's Board of Directors or staff with any questions.

What is the purpose of the Federation?

As the only international professional association of chiropractic regulatory boards, the FCLB was established in 1926 to provide education, networking, and informational support for its members.

The Certificate of Incorporation outlines the purposes in detail. Our mission statement further defines the organization:

Protecting the public
by promoting excellence
in chiropractic regulation through
service to our member boards

Who are the members? Who votes?

Each member licensing board has one vote, to be cast by either the delegate, or in that person's absence, the alternate. Boards designate their delegate and alternate at least 30 days prior to the annual business meeting. The delegate and alternate must be a Fellow, Administrative Fellow, or Honorary Fellow.

The chiropractic colleges, state, provincial, or national associations, and interested individuals are welcome to participate in FCLB projects on a non-voting basis.

Attendance at the annual business meeting is open to all.

What deadlines do I need to be aware of?

- **Bylaws** - proposals for bylaws changes need to be postmarked to the executive offices no later than 90 days before the annual meeting.
- **Registration of Delegates** - must be postmarked no later than 30 days before the annual meeting.
- **Resolutions** - must be received in proper format by the Resolutions Committee no later than 5:00 PM the Wednesday before the annual meeting.

What happens at the regional District meetings in the fall?

Although these are generally informal networking occasions, official business may include recommendation of resolutions to come before the FCLB as a whole.

The districts are not separate organizations, so they do not pass policies that apply only to themselves. However, they may assist one another with regional concerns, and may function as small groups to brainstorm ideas and raise concerns for the membership to deal with at the annual meeting.
How does the FCLB work with other chiropractic organizations?

Where the Federation is ultimately charged with assisting the licensing boards to protect the health, safety and welfare of the public, other chiropractic organizations have purposes which align with our goals.

For example, in the US, the national professional associations advocate for chiropractic, the National Board of Chiropractic Examiners (NBCE) is responsible for US examination and testing, and the Council on Chiropractic Education (CCE-US) handles US educational accreditation issues. Internationally, the FCLB works with the Councils on Chiropractic Education - International - a collaboration of the CCE-US as well as the Council on Chiropractic Education - Australasia (CCEA), Council on Chiropractic Education - Canada (CCEC), and the European Council on Chiropractic Education (ECCE).

Where does FCLB get money to operate?

Member boards pay dues which equal about a small portion of the annual budget. Other sources of income include commercial subscriptions and access fees to the Chiropractic Information Network - Board Action Databank (CIN-BAD) as well as the Providers of Approved Continuing Education Chiropractic (PACE) program.

Additional support comes from the NBCE in accordance with a 25-year cooperative grant.

How do I submit a resolution?

*Robert's Rules of Order* describes the proper format for resolutions, or you may contact any member of the FCLB board or staff for samples.

Resolutions can come from groups or individuals, and should be sponsored by one or more member boards. They can be submitted any time during the year, but no later than 8:00 a.m. the Wednesday before the annual meeting. This is to allow the Resolutions & Bylaws Committee adequate time to review the resolution, to suggest clarification if required, and to present its opinion on the resolution to the membership.

The Board of Directors may also need to review resolutions which have potential financial impact in order to advise the Resolutions & Bylaws Committee whether sufficient resources are available to take on suggested projects.

How do I get to be on a committee?

Committee Chair appointments are made by the President annually in January. Member recommendations are made by Chairs, pending Presidential approval. Appointments to standing committees require the approval of the Board. The President often seeks courtesy approval for all appointments. Additional requirements in the bylaws, such as Fellow or Administrative Fellow status, may also govern appointments.

To submit your name for consideration, use the volunteer for service form, or discuss your interests with the President personally. Please bear in mind that there are usually more people interested in committees than there are openings. The President must also consider factors such as geographical balance, minority representation, etc.

(A committee appointment protocol procedure has been adopted by the FCLB Board to guide fair and equitable committee appointments.)

How do I help my board become more involved with national and international issues?

Discuss some of the interesting questions which come up at the FCLB meetings. Encourage new members of your board to attend.

Additionally, the Chiropractic Board Administrators Committee (CBAC) meets in conjunction with the annual conference. This meeting is an invaluable resource for board administrators - providing both support and timely information.

Contact us...

**Federation of Chiropractic Licensing Boards**

5401 W. 10th Street, Suite 101
Greeley, CO 80634

970-356-3500 • FAX 970-356-3599

[www.fclb.org](http://www.fclb.org)

info@fclb.org
<table>
<thead>
<tr>
<th>DISTRICT 1</th>
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Organizational Chart

FCLB MEMBER BOARDS

FEDERATION OF CHIROPRACTIC LICENSING BOARDS - BOARD OF DIRECTORS (10)
4 Officers ■ 5 District Directors (“Executive Board”) ■ 1 Administrative Fellow Director

EXECUTIVE COMMITTEE
Immediate Past President ■ President ■ Vice President ■ Treasurer ■ Board Chair

Organizations to which FCLB has voting representation:

NATIONAL BOARD OF CHIROPRACTIC EXAMINERS
11-Member Board
(Includes FCLB President & Vice President)

FEDERATION OF ASSOCIATIONS OF REGULATORY BOARDS
Board of Directors - 12 organizations
FCLB appoints 1 voting member

NATIONAL PRACTITIONER DATABANK COMMITTEE
FCLB appoints 1 voting member

FCLB Committees
Report to the Board of Directors through the President
(appointed annually in January or as their responsibilities dictate)

STANDING COMMITTEES (3)
Nominating Committee
Finance & Audit Committee
Resolutions & Bylaws Committee

SPECIAL COMMITTEES OR TASK FORCES (6)
Chiropractic Board Administrators
Fraud Prevention & Identification
Government Issues
PACE
Practitioner Mobility

FCLB PRESIDENT
Chief Executive Officer

EXECUTIVE DIRECTOR

EXECUTIVE STAFF
Executive Assistant / Meeting Planner
Finance & Benefits Manager
Program Administrator
PR and PACE Coordinator
**FEDERATION OF CHIROPRACTIC LICENSING BOARDS**

The Board of Directors for the Federation is composed of four officers, five district directors, and one Administrative Fellow Director.

Elections for Officers and the Administrative Fellow Director are held in odd-number years in conjunction with the annual meeting. Each member board has one vote.

The FCLB Board of Directors also appoints two directors to the National Board of Chiropractic Examiners to represent the interests of the Federation and its member boards. The Chair of the Executive Board is elected for a one year term, and is one of the FCLB District Directors. The Officers and the Chair constitute the Executive Committee.

### OFFICERS

<table>
<thead>
<tr>
<th>President</th>
<th>Vice-President</th>
<th>Treasurer</th>
<th>Immediate Past President</th>
</tr>
</thead>
<tbody>
<tr>
<td>(843) 670-7254</td>
<td>2085 Village Center Cir, Ste 110 Las Vegas, NV 89134</td>
<td>1129 Beacon St Brookline, MA 02446</td>
<td>127 S. High St Lake City, MN 55041</td>
</tr>
<tr>
<td><a href="mailto:adjustu@gmail.com">adjustu@gmail.com</a></td>
<td>(702) 880-5335</td>
<td>(617) 277-1344</td>
<td>(651) 345-3361</td>
</tr>
</tbody>
</table>

### FCLB DIRECTORS

<table>
<thead>
<tr>
<th>District I Director &amp; Board Chair</th>
<th>District II Director</th>
<th>District III Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Winkler, D.C.</td>
<td>William Rademacher, D.C.</td>
<td>Keita Vanterpool, D.C.</td>
</tr>
<tr>
<td>1431 Interstate Loop</td>
<td>301 Chelsea Dr. Bloomington, IL 61704</td>
<td>2300 Goodhope Road SE, Ste 916 Washington, DC 20020</td>
</tr>
<tr>
<td>Bismarck, ND 58503</td>
<td>(309) 662-1447</td>
<td>(202) 744-3430</td>
</tr>
<tr>
<td>(701) 223-5001</td>
<td><a href="mailto:wjrdc@yahoo.com">wjrdc@yahoo.com</a></td>
<td><a href="mailto:DrKeitaV@gmail.com">DrKeitaV@gmail.com</a></td>
</tr>
<tr>
<td><a href="mailto:dr.winkler@midconetwork.com">dr.winkler@midconetwork.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District IV Director</th>
<th>District V Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Tays, D.C.</td>
<td>Ned Martello, D.C.</td>
</tr>
<tr>
<td>4633 Far West Blvd, #3</td>
<td>2798 O'Neal Lane, Ste F-11</td>
</tr>
<tr>
<td>Austin, TX 758731</td>
<td>Baton Rouge, LA 70816</td>
</tr>
<tr>
<td>(512) 944-5677</td>
<td>(225) 754-7777</td>
</tr>
<tr>
<td><a href="mailto:drtaysdc@gmail.com">drtaysdc@gmail.com</a></td>
<td><a href="mailto:martellochiro@aol.com">martellochiro@aol.com</a></td>
</tr>
</tbody>
</table>

### Administrative Fellow Director

Patricia Oliver  
Louisiana State Board of Chiropractic Examiners  
8621 Summa Ave  
Baton Rouge, LA 70809  
(225) 765-2322  
lsbce@eatel.net
FCLB Committee Appointments: 2015 - 2016

APPOINTMENTS TO OTHER ORGANIZATIONS TO WHICH FCLB HAS VOTING REPRESENTATION

NATIONAL BOARD OF CHIROPRACTIC EXAMINERS
Board of Directors
Farrel Grossman, D.C. (SC) - Expires 5/16
Maggie Colucci, D.C. (NV) - Expires 5/16

FEDERATION OF ASSOCIATIONS OF REGULATORY BOARDS (FARB)
Board of Directors
Jon Schwartzbauer, D.C. - No expiration date

NATIONAL PRACTITIONER DATABANK EXECUTIVE COMMITTEE
Jon Schwartzbauer, D.C. - Ongoing

FCLB STANDING COMMITTEES

Next cycle of appointments begins January 2017

FINANCE AND AUDIT COMMITTEE
Expires 1/17
Kirk Shilts, D.C. (MA) - Chair
Michael Cavanaugh, D.C. (LA)
Robert Daschner, D.C. (MN)

Chaired by the Treasurer.
Prepares and submits a budget to the member chiropractic boards at the annual meeting. Reviews the financial statement and audit of the corporation and advises the Board of Directors on changes in fiscal status.

Appointed by the President, approved by the FCLB Board of Directors

NOMINATING COMMITTEE
Expires 5/16
LeRoy Otto, D.C. (MN) - Chair
Margaret Freihaut, D.C. (MO)
Jerrid Goebel, D.C. (SD)
Richard Guarino, D.C. (AZ)
Palmer Peet, D.C. (VT)
Ralph Roles, D.C. (SC)

Five members, represent each of five districts. Must be Fellows who have also attended at least one FCLB annual meeting. Chaired by FCLB immediate past president.
Committee reviews letters of interest and cvs which are submitted at least 60 days prior, conducts interviews and sets forth a slate of those candidates it feels are best suited for leadership in the offices elected by the membership as a whole, including the Nominating Committee itself. No limit to number of candidates they may slate.
Nominating committee submits slate to member boards not less than 30 days prior to annual meeting.

Elected by the membership

RESOLUTIONS & BYLAWS COMMITTEE
Expires 1/17
Kevin Fogarty, D.C., (FL) - Chair
Mark Bledsoe, D.C. (SD)
Daniel Cote, D.C. (OR)
George Curry, D.C. (CT)
Benjamin Lurie, D.C. (NV)

Maintains a continuing assessment of the bylaws, and receives all proposals for amendments thereof. Makes recommendations to the Federation regarding all amendments.
Receives all proposals for resolutions to be considered by the Federation and makes recommendations for approval or denial.

Appointed by the President, approved by the FCLB Board of Directors
FCLB Committee Appointments: 2015 - 2016

FCLB SPECIAL COMMITTEES

Task Forces and Special Committees expire annually in January or as determined by their responsibilities

**CHIROPRACTIC BOARD ADMINISTRATORS COMMITTEE**

Beth Carter (OK) - Chair  
Patricia Oliver (LA) - Board Liaison  
Leann Yount, (WA)

Provides support and information for chiropractic board administrators. Participation is open to all board administrators.

**FRAUD PREVENTION & IDENTIFICATION - Task Force**

William Rademacher, D.C. (IL) - Chair  
Kevin Fogarty, D.C. (FL)  
Benjamin Lurie, D.C. (NV)

Recommends to the FCLB Board projects and serves as speakers bureau to help identify and prevent fraud. Identifies trends in fraudulent practice and possible educational programs for conferences.

**PACE COMMITTEE**

Maggie Colucci, D.C. (NV) - Chair  
FCLB board member position

William Rademacher, D.C. (IL)  
Current regulatory board position

Lisa Blanchard (ND)  
Board executive administrator position

Karen Mathiak, D.C. (GA)  
Regulatory board member within the past five years position

Vincent DiCianni  
Public member position

John Downes, D.C.  
Life University  
Current CE Provider position

Shannon Gaertner-Ewing, D.C. (ID)  
Chair - Pace Review Team

**PRACTITIONER MOBILITY - Task Force**

Maggie Colucci, D.C. (NV) - Chair  
Edward Corley, D.C.  
Jay S. Greenstein, D.C.  
Sherri L. Lashomb, D.C.  
Phillip Santiago, D.C.

A task force formed to assess ways of facilitating mobility for chiropractors traveling while practicing.

**GOVERNMENT ISSUES - Task Force**

Farrel Grossman, D.C. (SC) - Chair  
Mark Bledsoe, D.C. (SD)  
Michael Fedorczyk, D.C. (MD)

A task force formed to target grants and funding for the Federation of Chiropractic Licensing Boards.
Thank You to Our 2016 Conference Supporters

On behalf of its member boards and staff, the Board of Directors would like to thank the entities and individuals listed below who have generously contributed funds to FCLB in recognition and support of the 2016 FCLB 90th Annual Congress. This recognition, however, should in no way be viewed as a Federation endorsement of any product or program they provide.

Thank you to all supporters who assist FCLB in our mission to protect the public and serve our member boards by promoting excellence in chiropractic regulation.

Thanks to NBCE for sharing support for the 90th Annual Congress
Upcoming Meetings

- Districts I & IV
- District II
- Districts III & V
- 2017 Annual Conference
- Affiliated Organizations

There are few things more powerful than a life lived with passionate clarity.

Erwin McManus
Find Your Balance

DISTRIBUTS I & IV in Colorado Springs, CO

October 13-16, 2016
The Antlers Hotel
Room rate: $169
Reservations: (866) 299-4602

Jurisdictional Roundtable Discussions
Reports from Other Organizations
Networking Opportunities
Brainstorming and Problem Solving
Hot Issues in Professional Governance
Federation Resources Overview
Jurisdictional Roundtable Discussions
Reports from Other Organizations
Networking Opportunities
Brainstorming and Problem Solving
Hot Issues in Professional Governance

October 13-16, 2016
SeaSpray Condominiums
Reservations: (800) 428-2726
Find Balance at the FCLB’s Districts III & V Regional Meeting
Nashville, Tennessee

Jurisdictional Roundtable Discussions
Reports from Other Organizations
Networking Opportunities
Brainstorming and Problem Solving
Hot Issues in Professional Governance
Federation Resources Overview

September 15-18, 2016
Gaylord Opryland Hotel
Room Rate: $173/night
Reservations: online FCLB.org
Orlando, FL in 2017
for the Federation of Chiropractic Licensing Board’s
91st Annual Educational Congress.
May 3-7, 2017 at the Hyatt Regency Orlando
Room rate: $205/night + taxes - single/double

What We’re Planning:

• Learn from your peers in interactive breakout sessions
• Participate in educational sessions relevant to the issues your board is tackling
• Seize opportunities to network and build relationships with others facing the same challenges you are
• Discover current and emerging resources for regulation
• Get involved in the next steps
• Re-energize your dedication to public protection
Note: This represents only a partial listing of chiropractic related organizations

**American Black Chiropractic Association (ABCA)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winston K. Carhee, DC</td>
<td>President</td>
<td>Phone: 404.647.2225 Website: <a href="http://www.abcachiro.com">www.abcachiro.com</a> E-mail: <a href="mailto:info@abcachiro.com">info@abcachiro.com</a></td>
</tr>
<tr>
<td>Danielle Brown, DC</td>
<td>Membership Chair</td>
<td>3915 Cascade Rd, Ste 220 Atlanta, GA 30331 Phone: 404.647.2225 Website: <a href="http://www.abcachiro.com">www.abcachiro.com</a> E-mail: <a href="mailto:info@abcachiro.com">info@abcachiro.com</a></td>
</tr>
</tbody>
</table>

The purpose of the ABCA is to help recruit, encourage, and support black persons to study chiropractic. The organization encourages research and development of the science, philosophy, and art of chiropractic.

2016 Convention - June 23-26, 2016 - San Juan, PR

**American Chiropractic Association (ACA)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>David A. Herd, DC</td>
<td>President</td>
<td>Phone: 703.276.8800 Website: <a href="http://www.acatoday.org">www.acatoday.org</a> E-mail: <a href="mailto:memberinfo@acatoday.org">memberinfo@acatoday.org</a></td>
</tr>
<tr>
<td>Rick Miller</td>
<td>Interim Executive President</td>
<td>1701 Clarendon Boulevard Arlington, VA 22209 Phone: 703.276.8800 Website: <a href="http://www.acatoday.org">www.acatoday.org</a> E-mail: <a href="mailto:memberinfo@acatoday.org">memberinfo@acatoday.org</a></td>
</tr>
</tbody>
</table>

The largest chiropractic association in the country. Its mission is to preserve, protect, improve, and promote the chiropractic profession and the services of Doctors of Chiropractic for the benefit of the patients they serve.

National Chiropractic Legislative Conference and Educational Symposium 2017 - TBA

ACA Specialty Councils - 2016 Symposia

- [2016 Council on Diagnosis and Internal Disorders - July 28-31](#)
- [ACA Council on Diagnostic Imaging 2016 Symposium - May 21-22, 2016 - Cincinnati, OH](#)
- [ACA Council on Forensic Sciences Annual Symposium - October 4-7, 2016 - Oak Brook, IL](#)
- [ACA Sports Council Annual Symposium - October 7-8, 2016 - New Orleans, LA](#)

**Association of Chiropractic Colleges (ACC)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian McAulay, DC</td>
<td>Chair</td>
<td>Phone: 301.652.5066 or 800.284.1062 Fax: 301.913.9146 Website: <a href="http://www.chirocolleges.org">www.chirocolleges.org</a> E-mail: <a href="mailto:info@chirocolleges.org">info@chirocolleges.org</a></td>
</tr>
<tr>
<td>David O’Bryon</td>
<td>President</td>
<td>4424 Montgomery Avenue Suite 202 Bethesda, MD 20814 Phone: 301.652.5066 or 800.284.1062 Fax: 301.913.9146 Website: <a href="http://www.chirocolleges.org">www.chirocolleges.org</a> E-mail: <a href="mailto:info@chirocolleges.org">info@chirocolleges.org</a></td>
</tr>
</tbody>
</table>

A non-profit organization of chiropractic educational institutions providing leadership, education, research, and service regarding chiropractic education.

ACC-RAC - 2017 TBA

**Association for the History of Chiropractic (AHC)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger J. R. Hynes, D.C.</td>
<td>President</td>
<td>Phone: 309.781.9903 Website: <a href="http://www.historyofchiropractic.org">www.historyofchiropractic.org</a> E-mail: <a href="mailto:ahc1895@gmail.com">ahc1895@gmail.com</a></td>
</tr>
<tr>
<td>Alana Callender, Ed.D.,</td>
<td>Executive Director</td>
<td>4430 8th St Rock Island, IL 61201 Phone: 309.781.9903 Website: <a href="http://www.historyofchiropractic.org">www.historyofchiropractic.org</a> E-mail: <a href="mailto:ahc1895@gmail.com">ahc1895@gmail.com</a></td>
</tr>
</tbody>
</table>

A non-profit membership organization committed to exploring and preserving the rich heritage of the chiropractic profession. The AHC holds an annual conference at one of the chiropractic colleges and publishes a scholarly journal, Chiropractic History.

36th Annual Conference - June 4, 2016 - Bloomington, MN

(back to top)
<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canadian Chiropractic Association (CCA)</strong></td>
<td>Dr. Robert David, Chair</td>
<td>The mission of the CCA is to promote the interests of the chiropractic profession in Canada by promoting the benefits of chiropractic, professional unity and research; by providing member services and benefits and by safeguarding members' interests.</td>
</tr>
<tr>
<td></td>
<td>Alison Dantas, CEO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>186 Spadina Ave, Ste 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Toronto, Ontario M5T 3B2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 416.585.7902</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: 416.585.2970</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Toll Free: 1.877.222.9303</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.ccachiro.org">www.ccachiro.org</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:adantas@chiropractic.ca">adantas@chiropractic.ca</a></td>
<td></td>
</tr>
<tr>
<td><strong>Canadian Chiropractic Examining Board (CCEB)</strong></td>
<td>Pat Frank, Executive Director</td>
<td>CCEB is the sole administrator for all chiropractic exams in Canada. They are a federally incorporated not-for-profit organization whose members are the provincial licensing bodies, to whom they report candidate results.</td>
</tr>
<tr>
<td></td>
<td>Suite 230, 1209 - 59th Avenue SE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calgary, AB T2H 2P6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: 403.230.3321</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.cceb.ca">www.cceb.ca</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:exams@cceb.ca">exams@cceb.ca</a></td>
<td></td>
</tr>
<tr>
<td><strong>Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB)</strong></td>
<td>The CFCREAB is now the Federation of Canadian Chiropractic (FCC)</td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractic Centennial Foundation (CCF)</strong></td>
<td>Contact ACC for information</td>
<td>Organized the Grand Celebration: Commemorating 100 Years of Chiropractic. Held in Washington, D.C. in July 1995. The Foundation in process of dissolution in 1998. Proceeds of $40,000 will be placed in a trust fund to produce a Bicentennial event in 2090. The trust will be administered by the CCA with advisors from ACA, ICA, and WFC.</td>
</tr>
<tr>
<td><strong>Chiropractic Economics</strong></td>
<td>5150 Palm Valley Rd. Suite 103</td>
<td>A private media company that provides education to doctors and students of chiropractic through publishing Chiropractic Economics magazine, hosting webinars, sponsoring educational conferences, and maintaining educational resources online.</td>
</tr>
<tr>
<td></td>
<td>Ponte Vedra Beach, FL 32082</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 904.285.6020 or 800.533.4263</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: 904.285.9944</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.chiroeco.com">www.chiroeco.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:dsosnoski@chiroeco.com">dsosnoski@chiroeco.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>ChiroWeb - Dynamic Chiropractic Online</strong></td>
<td>PO Box 28990</td>
<td>Chiropractic news, archives, discussion groups, calendar of events. ChiroFind - locate a doctor of chiropractic. Links to educational and other resources.</td>
</tr>
<tr>
<td></td>
<td>Santa Ana, CA 92799</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 714.230.3150</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: 714.899.4273</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:Editorial@MPmedia.com">Editorial@MPmedia.com</a></td>
<td></td>
</tr>
</tbody>
</table>
### Citizen Advocacy Center (CAC)

David Swankin, President and CEO  
Steven Papier, Administrative Officer  
1400 - 16th St. NW, Ste 101  
Washington, DC 20036  
Phone: 202.462.1174  
Fax: 202.354.5372  
Website: [www.cacenter.org](http://www.cacenter.org)  
E-mail: cac@cacenter.org

A private, nonprofit organization that provides support and training for public members of licensing and other health-related boards. Also conducts research and convenes conferences and forums on significant public issues related to health care quality assurance.

**2016 Annual Meeting - September 17-18, 2016 - Portland, OR**

### Congress of Chiropractic State Associations (COCSA)

John LaMonica, DC, President  
Amy Hardin, Executive Director  
12531 E. Meadow Drive  
Wichita, KS 67206  
Phone: 316.613.3386  
Fax: 316.633.4455  
Website: [www.cocsa.org](http://www.cocsa.org)  
E-mail: amy4hardin@yahoo.com

Composed of state chiropractic associations from the 50 states. The mission of the Congress is to provide an apolitical forum for the promotion and advancement of the chiropractic profession through service to member state associations.

**National Chiropractic Legislative Conference and Educational Symposium - TBA**

**2017 COCSA Convention - November 1-5, 2017**

### Council on Chiropractic Education - Australasia (CCEA)

Dr. Michael Shobbrook, Chairperson  
GPO 622  
Canberra, ACT 2601  
AUSTRALIA  
Phone: 61.2.6100.6264  
E-mail: admin@ccea.com.au

The CCEA establishes and maintains standards of excellence in chiropractic education in Australia and New Zealand and, upon request, the Asian region. The Standards are appropriate to the Australasian education setting and consistent with international equivalencies enabling international recognition and mobility for graduates of accredited chiropractic programs. The Accreditation Committee is a balance of professional, institutional and lay representatives, providing expertise in accreditation and educational issues.

### Council on Chiropractic Education - US (CCE-USA)

Craig Little, DC, President/CEO  
Mr. S. Ray Bennett, Vice President for Accreditation & Operations  
8049 N. 85th Way  
Scottsdale, AZ 85258-4321  
Phone: 480.443.8877 or 888.443.3506  
Fax: 480.483.7333  
Website: [www.cce-usa.org](http://www.cce-usa.org)  
E-mail: cce@cce-usa.org

An autonomous national organization, recognized by the U.S. Secretary of Education to accredit programs and single-purpose institutions offering the doctor of chiropractic degree, which seeks to ensure the quality of chiropractic education in the U.S. by means of accreditation, educational improvement, and public information.

### Council on Chiropractic Education Canada (CCEC)

Dr. Rodney Thompson, Chair  
Website: [www.chirofed.ca](http://www.chirofed.ca) (click on the Accreditation of Educational Programmes link)

Developed and maintained by the CFCREAB, CCEC interprets the Standards for Doctor of Chiropractic Programmes, implements the process of accreditation, and certifies the quality and integrity of DCPs through evaluation of their compliance with the Criteria for Accreditation.
### Council on Chiropractic Guidelines and Practice Parameters (CCGPP)

<table>
<thead>
<tr>
<th>Gregory Baker, DC, Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 2542</td>
</tr>
<tr>
<td>Lexington, South Carolina 29071</td>
</tr>
<tr>
<td>Phone: 803.356.6809</td>
</tr>
<tr>
<td>Fax: 803.356.6826</td>
</tr>
<tr>
<td>Website: <a href="http://www.ccgpp.org">www.ccgpp.org</a></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:ccgpp@sc.rr.com">ccgpp@sc.rr.com</a></td>
</tr>
</tbody>
</table>

Formed to oversee the chiropractic guidelines development process from prioritization of projects, through panel selection, process formulation, education, peer review, evaluation and revision. Made up of the Board of Directors (policy-making) and the Commission (scientific arm).

### Council on Licensure, Enforcement and Regulation (CLEAR)

<table>
<thead>
<tr>
<th>Marc Seale, President</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Parfitt, Executive Director</td>
</tr>
<tr>
<td>403 Marquis Ave., Ste.200</td>
</tr>
<tr>
<td>Lexington, KY 40502</td>
</tr>
<tr>
<td>Phone: 859.269.1289</td>
</tr>
<tr>
<td>Fax: 859.231.1943</td>
</tr>
<tr>
<td>Website: <a href="http://www.clearhq.org">www.clearhq.org</a></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:aparfitt@clearhq.org">aparfitt@clearhq.org</a></td>
</tr>
</tbody>
</table>

An international association for professional and occupational regulators. Its mission is to improve the quality and understanding of professional and occupational regulation to enhance public protection.

**2016 Annual Educational Conference - September 15-17, 2016 - Portland, OR**

### Councils on Chiropractic Education International (CCE-I)

<table>
<thead>
<tr>
<th>Michael Shobbrook, D.C., President</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reed Phillips, DC, PhD, Executive Director</td>
</tr>
<tr>
<td>P.O. Box 4943</td>
</tr>
<tr>
<td>Pocatello, ID 83205</td>
</tr>
<tr>
<td>Phone: 208-241-4855</td>
</tr>
<tr>
<td>Website: <a href="http://www.cceintl.org">www.cceintl.org</a></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:secretariat@cceintl.org">secretariat@cceintl.org</a></td>
</tr>
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</table>

The Councils on Chiropractic Education International (CCEI) is an organization of chiropractic accrediting bodies worldwide. CCEI is committed to excellence in chiropractic education through emphasis on quality in its International Chiropractic Accreditation Standards, and by aiding in the development and recognition of new accrediting bodies in geographic regions where such agencies are not currently recognized.

CCEI provides accreditation services through its assigned member organizations to chiropractic educational entities situated in areas not currently served by a CCEI member agency. Accreditation agency actions and status designations for chiropractic educational entities that award equivalent degrees are mutually endorsed on the basis of membership in CCEI.

### Ethics and Boundaries Assessment Services, LLC (EBAS)

<table>
<thead>
<tr>
<th>Stacey Kjeldgaard, D.C., Executive Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>901 54th Avenue</td>
</tr>
<tr>
<td>Greeley, CO 80634</td>
</tr>
<tr>
<td>Phone: 970-352-9050</td>
</tr>
<tr>
<td>Website: <a href="http://www.ebas.org">www.ebas.org</a></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:skjeldgaard@ebas.org">skjeldgaard@ebas.org</a></td>
</tr>
</tbody>
</table>

Ethics and Boundaries Assessment Services, LLC (EBAS), was established to address the post-licensure testing needs of regulated professions concerning ethical violations. The E&B Essay Examination is a computerized examination that provides a tool to assess a licensee’s understanding of ethical and boundary issues as relevant to the professional workplace environment.

### European Chiropractors' Union (ECU)

<table>
<thead>
<tr>
<th>Oystein Ogre, President</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire Wilmot, ECU Administrator</td>
</tr>
<tr>
<td>The Glasshouse</td>
</tr>
<tr>
<td>5A Hampton Rd</td>
</tr>
<tr>
<td>Hampton Hill</td>
</tr>
<tr>
<td>Middlesex TW12 1JN</td>
</tr>
<tr>
<td>ENGLAND</td>
</tr>
<tr>
<td>Phone/Fax: +44 (0)20 8977 2206</td>
</tr>
<tr>
<td>Website: <a href="http://www.chiropractic-ecu.org">www.chiropractic-ecu.org</a></td>
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<tr>
<td>E-mail: <a href="mailto:info@chiropractic-ecu.org">info@chiropractic-ecu.org</a></td>
</tr>
</tbody>
</table>

The European Chiropractors' Union (ECU) is established to promote the development of Chiropractic in Europe as well as to pursue the interests of Chiropractic as a science and a profession by research, teaching, publications and legal activities. It represents the Chiropractic profession in Europe on a supranational level.

**2016 Convention - Date TBA - Oslo, Norway**
### European Council on Chiropractic Education (ECCE)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dr. Olivier Lanlo</td>
<td>President</td>
<td>Scharenkamp 22</td>
<td>(44) (0) 7951 899701</td>
<td>(44) 7951899701</td>
<td><a href="http://www.cce-europe.org">www.cce-europe.org</a></td>
<td><a href="mailto:info@cce-europe.org">info@cce-europe.org</a></td>
</tr>
<tr>
<td>Mandy Stagg</td>
<td>Executive Secretary</td>
<td>38442 Wolfsburg</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The ECCE's mission is to establish standards of excellence for the education and training of chiropractors as safe and competent primary contact practitioners.

- **Executive Committee Meeting, Commission on Accreditation Meeting, Annual Council Meeting:** Oslo - May 6-7, 2016

### Federation of Associations of Regulatory Boards (FARB)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dale Atkinson</td>
<td>Executive Director</td>
<td>1466 Techy Road</td>
<td>847.559.3272</td>
<td>847.714.9796</td>
<td><a href="http://www.farb.org">www.farb.org</a></td>
<td><a href="mailto:farb@farb.org">farb@farb.org</a></td>
</tr>
</tbody>
</table>

An organization of associations composed of professional regulatory boards. Objectives are to exchange information and engage in programs and joint activities relating to the licensing of professionals, solving mutual problems, improving standards of the professions, etc.

- **FARB Leadership Conference (By invitation only)** - Nashville, TN - July 22-23, 2016
- **FARB Regulatory Law Seminar** - Chicago, IL - September 29-October 2, 2016
- **FARB Forum** - January 26-29, 2017 - San Antonio, TX

### Federation of Canadian Chiropractic (FCC) (Formerly Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB))

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
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<tbody>
<tr>
<td>Lisa Richard, DC</td>
<td>President</td>
<td>30 Gloucester St, Ste 2301</td>
<td>416-697-7458</td>
<td></td>
<td><a href="http://www.chirofed.ca">www.chirofed.ca</a></td>
<td><a href="mailto:jduncan@chirofed.ca">jduncan@chirofed.ca</a></td>
</tr>
<tr>
<td>H. James Duncan, CEO</td>
<td></td>
<td>Toronto, Ontario M4Y 1L6</td>
<td></td>
<td></td>
<td></td>
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The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (the Federation) is a national association of provincial and territorial chiropractic licensing authorities and accredited educational programmes and is incorporated under the Canada Corporations Act.

All health care professions are regulated at the provincial and territorial level, as such, the role of the Federation is to provide a forum at the national level for the exchange of information, resources and experience in order to assist the member regulatory boards to best carry out their responsibilities.

### Federation of State Medical Boards of the United States, Inc. (FSMB)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>400 Fuller Wise Rd, Ste 300</td>
<td>817.868.4000</td>
<td>817.868.4099</td>
<td><a href="http://www.fsmb.org">www.fsmb.org</a></td>
<td><a href="mailto:ua@fsmb.org">ua@fsmb.org</a></td>
</tr>
</tbody>
</table>

Composed of the medical boards of the states, DC, and territories. Operates as a clearinghouse, forum, and representative body for state medical boards. Contributed to the effectiveness and integrity of medical licensing and discipline systems and offers educational programming.

- **FSMB 2016 Annual Meeting** - April 28-30, 2016 - San Diego, CA

### Federation of Straight Chiropractors and Organizations (FSCO)

See International Federation of Chiropractors & Organizations

### Fellow of the International College of Chiropractors (FICC)

See ICC
**Foundation for Chiropractic Progress (F4CP)**

Kristine Dowell, Executive Vice President
PO Box 869
Georgetown, CA 95634
Phone: 866.901.3427
Website: [www.f4cp.com](http://www.f4cp.com)
Email: marta@foundation4cp.com

The Foundation for Chiropractic Progress embraces a mission of generating positive press for the chiropractic profession and increasing public awareness to the many benefits associated with chiropractic care.

The Foundation's public awareness campaign consists of monthly press releases, advertorials, public service announcements, advertisements (print, radio, television), and partnerships with high profile spokespersons.

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**International Board of Chiropractic Examiners**

Martin Kollasch, DC, Executive Vice President
901 54th Avenue
Greeley, CO 80634
Phone: 970.356.9100
Website: [www.ibce.org](http://www.ibce.org)
Email: mkollasch@ibce.org

The International Board of Chiropractic Examiners (IBCE) was established to assist interested regulatory authorities in the international chiropractic community. The IBCE does not embrace any particular chiropractic philosophy. Instead, the IBCE produces tests according to information provided collectively by the chiropractic educational institutions, regulatory authorities, field practitioners, and subject specialists, along with an analysis of the chiropractic profession within each jurisdiction that chooses to utilize IBCE services.

---

**International Chiropractors Association (ICA)**

George Curry, DC, President
Dr. Don Reno, Executive Director
6400 Arlington Blvd, Ste. 800
Falls Church, VA 22042
Phone: 703.528.5000
Toll free: 800.423.4690
Fax: 703.528.5023
Website: [www.chiropractic.org](http://www.chiropractic.org)
E-mail: chiro@chiropractic.org

A professional organization dedicated to advancing the chiropractic profession and representing and promoting the interests of doctors of chiropractic and the patients they serve through advocacy, research and education. Its mission is to move the profession forward while preserving its unique identity as a separate, distinct and drugless health care profession.

90th Annual Meeting TBA
Annual ICA Symposium on Natural Fitness & Sports - 2017 TBA
2016 Annual Super Conference in Chiropractic & Pediatrics - Dec 9-11, 2016 - Maui, HI

---

**International College of Chiropractors, Inc. (ICC)**

Kenneth Padgett, D.C., President
Richard Brassard, D.C., Interim Secretary
27 Armand Shore Dr.
Houston, TX 77058
Phone: 281.998.3492
Website: [www.ficconline.com](http://www.ficconline.com)
E-mail: rbrassard@txchiro.org

"An Order of Merit, Service and Fellowship", an ancillary agency of the ACA, promotes the philosophy, study, and teaching of chiropractic, encourages a high code of ethics and high standard of morals, and seeks valuable discoveries to the further development of the science of chiropractic. Fellows are honored members of the society.

---

**International Federation of Chiropractors And Organizations (formerly the FSCO)**

Jack Bourla, DC, President
Brandi MacDonald, Executive Director
2276 Wassergass Road
Hellertown, PA 18055
Phone: 800.521.9856
Website: [www.ifcochiro.org](http://www.ifcochiro.org)
E-mail: IFCOChiro@gmail.com

National organization representing straight chiropractic and those straight chiropractors adhering to its non-therapeutic practice. Its objective is to promote, protect, and advance the philosophy, science, and the art of correcting vertebral subluxation and to facilitate the public access to and knowledge of the services of straight chiropractic.

IFCO Global Summit - 2017 TBA
International Federation of Sports Chiropractic (FICS)
Fédération Internationale de Chiropratique du Sport

Activities include building relationships with international sports federations, athletes, other health care professionals and their representative organizations; developing and presenting postgraduate educational programs for sports chiropractors; and coordinating teams of properly credentialed sports chiropractors to provide services to athletes at major sporting events up to and including the Olympic Games.

FICS Annual Meetings & Seminar 2016 - May 4-6, 2016 - Oslo, Norway

National Association of Chiropractic Attorneys (NACA)

The principal testing organization for the chiropractic profession.
Provides standardized academic and pre-licensure clinical testing services. These include: Part I (Basic Science), Part II (Clinical Science), Part III (Written Clinical Competency), and Part IV (Practical Demonstration of Skills), Special Purposes Exam for Chiropractic (SPEC), and optional tests in physiotherapy, acupuncture, and ethics and boundaries.

2016 Annual Meeting - Phoenix, AZ - April 29, 2016

National Board of Chiropractic Examiners (NBCE)

The principal testing organization for the chiropractic profession.
Provides standardized academic and pre-licensure clinical testing services. These include: Part I (Basic Science), Part II (Clinical Science), Part III (Written Clinical Competency), and Part IV (Practical Demonstration of Skills), Special Purposes Exam for Chiropractic (SPEC), and optional tests in physiotherapy, acupuncture, and ethics and boundaries.

2016 Annual Meeting - Phoenix, AZ - April 29, 2016

National Chiropractic Mutual Insurance Company (NCMIC)

Major chiropractic malpractice insurance carrier.

National Committee for Quality Assurance (NCQA)

An independent, not-for-profit organization that assesses and reports on health plan quality. Holds health plans accountable for the quality of care and services they deliver. Provides information to consumers and employer. Does not intervene directly on behalf of consumers.
World Chiropractic Alliance (WCA)
2683 Via deLaValle, Ste G 629
Del Mar, CA 92014
Phone: 800.347.1011
Fax: 480.732.9313 or 866.789.8073
Website: www.worldchiropracticalliance.org
E-mail: comments@worldchiropracticalliance.org
Publishes The Chiropractic Journal.

World Congress of Chiropractic Students (WCCS)
Luke Schmidt, President
1246 Yonge Street, Suite 202/203
Toronto, ON M4T 1W5
Canada
Website: wccsworldwide.org
E-mail: info@wccsworldwide.com
An international organization representing future doctors of chiropractic. Meets annually to discuss issues pertaining to students.
38th Annual Conference - April 22, 2016 - Paris, France
38th Annual General Meeting - 2017 - San Francisco

World Federation of Chiropractic (WFC)
Gregory Stewart, DC, President
Richard Brown, DC, Secretary-General
1246 Yonge St, Ste 203
Toronto, Ontario M4T 1W5
Phone: 416.484.9978
Fax: 416.484.9665
Website: www.wfc.org
E-mail: info@wfc.org
Members are national associations of chiropractors in over 60 countries.
The WFC represents them and the profession in the international community.
WFC/ACC Education Conference - October 19-22, 2016 - Montreal, Quebec
2017 WFC Congress - March 15-18, 2017 - Washington, D.C.
Resources

- CIN-BAD Report
- CIN-BAD HIP Statistics
- FBI SSA Assignments
- PACE Report
- Wolfson Scholarship
- Janse Lecture Series

Clarity and consistency are not enough; the quest for truth requires humility and effort.

-Tariq Ramadan
CIN-BAD (Chiropractic Information Network - Board Action Databank) continues to hold steady with 46 licensing boards current in reporting their public board actions to the database. The database holds 59,764 Doctors of Chiropractic and 499 Chiropractic Assistants, with just over 9,800 of those DCs and CAs combined having board actions taken against them. CIN-BAD also includes all 1,914 Medicare Exclusions as reported by the Department of Health & Human Services’ Office of the Inspector General.

By continually monitoring the quality and performance of the database, it is our hope to provide our licensing boards, managed care organizations, credentialing verification organizations and colleges the best information possible. Providing accurate and complete information is our primary goal.

As members of the Federation, access to this database is available to our licensing boards at no cost. By searching the database, you can see whether or not doctors have been sanctioned in any other jurisdiction(s) before renewing/granting a license.

We also have 37 subscribers to the CIN-BAD database who pay an annual access fee and nominal search and report fees to access the same information as our licensing boards. That number is made up of managed care organizations, credentialing verification organizations, chiropractic colleges and other interested organizations such as the NBCE, FBI, NCMIC and the CCE.

We know that staff turnover can sometimes create confusion and we will strive to forge relationships with those new people in each of your organizations and boards, and through training and communication, work to involve them in accessing and reporting to CIN-BAD.

CIN-BAD report submissions are processed and rolled up to the live database on an almost daily basis and for those boards that have designated the Federation as their reporting agent to the NPDB, submissions are monitored to meet the mandatory 30-day reporting window (this federal database requires reports to be submitted within 30 days from the date the action was taken). Prompt reporting allows the Federation ample time to process and report your submissions to the federal database in order to meet that 30-day mandatory time frame.

We continue to represent 25 licensing boards as their reporting agent to the National Practitioner Databank (NPDB). We were recently notified by the Health Resources & Services Administration of an upcoming compliance audit that will affect nine of those boards (AZ, AR, MD, NM, NC, OR, SD, UT, WY). The audit encompasses the years 2013-2014, and I am confident that those boards (and all of our boards for whom we report) are in very good shape with their federal reporting. I have a working relationship with the contact people at the Division of Practitioner Data Bank (DPDB) and will provide them with the required information by their August 1, 2016 deadline.

If you have not designated us but would like the FCLB to be your reporting agent, please let us know. Reporting to the federal database on your behalf is another benefit of your FCLB membership; there is no cost to your board, and it saves your board office valuable time by having to submit only one report instead of two.

We appreciate your part in using AND reporting to CIN-BAD! It allows other boards and credentialing agencies to do the very best job in protecting the public!

Please see the following chart that indicates reporting status for your jurisdiction.
<table>
<thead>
<tr>
<th>State/Province:</th>
<th>FCLB NPDB agent:</th>
<th>Report Online:</th>
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Updated 4/11/2016
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<tr>
<td>Albany (AL)</td>
<td>Christopher Luhr</td>
<td>(518) 431 7394</td>
<td>Miami (MM)</td>
<td>Mark E. McCormick</td>
<td>(954) 598-4584</td>
</tr>
<tr>
<td>Albuquerque (AQ)</td>
<td>Javier Almodovar</td>
<td>(505) 889 1530</td>
<td>Milwaukee (MW)</td>
<td>Jacob A. McGinty</td>
<td>(786) 417 4462</td>
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<tr>
<td>Anchorage (AN)</td>
<td>Steven Forrest</td>
<td>(907) 265 8550</td>
<td>Minneapolis (MP)</td>
<td>Clayton Wible</td>
<td>(414) 291 4861</td>
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<tr>
<td>Atlanta (AT)</td>
<td>James 'Mark' Harless</td>
<td>(404) 679 1440</td>
<td>Mobile (MO)</td>
<td>Mario Ruiz</td>
<td>(251) 219 3502</td>
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<tr>
<td>Baltimore (BA)</td>
<td>Debra Lubman</td>
<td>(410) 277 6315</td>
<td>Newark (NK)</td>
<td>Laurie A. Allen</td>
<td>(973) 792 3390</td>
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<tr>
<td>Birmingham (BH)</td>
<td>Kimberly J. Castillo</td>
<td>(205) 279 1291</td>
<td>New Haven (NH)</td>
<td>Michael S. Butsch</td>
<td>(203) 382 6611</td>
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<tr>
<td>Buffalo (BF)</td>
<td>Steven Halter</td>
<td>(716) 843 5220</td>
<td>New Orleans (NO)</td>
<td>James R. Smith</td>
<td>(504) 816 3000</td>
</tr>
<tr>
<td>Charlotte (CE)</td>
<td>John D. Wydra</td>
<td>(704) 672-6667</td>
<td>New York (NY)</td>
<td>Shawn Mullen</td>
<td>(212) 384 3325</td>
</tr>
<tr>
<td>Chicago (CG)</td>
<td>Jeffrey M. Jamrozs</td>
<td>(630) 577 3401</td>
<td>Norfolk (NF)</td>
<td>Jill L. Enyart</td>
<td>(212) 384 1347</td>
</tr>
<tr>
<td>Cincinnati (CI)</td>
<td>Daniel S. Leeper</td>
<td>(614) 849 1827</td>
<td>Oklahoma City (OC)</td>
<td>John McLemore</td>
<td>(405) 290 3606</td>
</tr>
<tr>
<td>Cleveland (CV)</td>
<td>Justin Shammot</td>
<td>(216) 622 6804</td>
<td>Omaha (OM)</td>
<td>Robert L. Kardell</td>
<td>(402) 530-1209</td>
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<tr>
<td>Columbia (CO)</td>
<td>Brian M. Jones</td>
<td>(803) 214 5610</td>
<td>Philadelphia (PH)</td>
<td>Stephen J. Heaney</td>
<td>(215) 418 4310</td>
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<tr>
<td>Dallas (DL)</td>
<td>Beverly Harris-Williams</td>
<td>(972) 559 5958</td>
<td>Phoenix (PX)</td>
<td>Matthew Boyden</td>
<td>(623) 466 1014</td>
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<tr>
<td>Denver (DN)</td>
<td>Timothy M. Stone</td>
<td>(303) 630 6850</td>
<td>Pittsburgh (PG)</td>
<td>Shawn Brokos</td>
<td>(412) 432 4171</td>
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<tr>
<td>Detroit (DE)</td>
<td>Eric Newburg</td>
<td>(313) 965 5252</td>
<td>Portland (PD)</td>
<td>Matthew B. Floyd</td>
<td>(503) 460 8271</td>
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<tr>
<td>El Paso (EP)</td>
<td>James Grego</td>
<td>(915) 832 5071</td>
<td>Richmond (RH)</td>
<td>Robert Hilland</td>
<td>(804) 627 4405</td>
</tr>
<tr>
<td>Honolulu (HN)</td>
<td>Matthew McDonald</td>
<td>(808) 673 2854</td>
<td>Sacramento (SC)</td>
<td>David Hanzal</td>
<td>(916) 977 2326</td>
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<tr>
<td>Houston (HO)</td>
<td>Amanda J. Culver</td>
<td>(713) 936 8700</td>
<td>St. Louis (SL)</td>
<td>Andrew Ryder</td>
<td>(314) 589 2506</td>
</tr>
<tr>
<td>Indianapolis (IP)</td>
<td>William H. Rowell</td>
<td>(219) 650 6222</td>
<td>Salt Lake City (SU)</td>
<td>Michael Pickett</td>
<td>(801) 579 4675</td>
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<tr>
<td>Jackson (JN)</td>
<td>George Odom</td>
<td>(601) 713 7604</td>
<td>San Antonio (SA)</td>
<td>Holly Kelley</td>
<td>(512) 506 2127</td>
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<tr>
<td>Jacksonville (JK)</td>
<td>D. S. McCarley</td>
<td>(904) 248 7007</td>
<td>San Diego (SD)</td>
<td>Cathleen Connolly</td>
<td>(858) 320 8543</td>
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<tr>
<td>Kansas City (KC)</td>
<td>Kelly Sallee</td>
<td>(816) 512 8311</td>
<td>San Francisco (SF)</td>
<td>Charles Gunther</td>
<td>(415) 553 7617</td>
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<tr>
<td>Knoxville (KX)</td>
<td>Duke Speed</td>
<td>(865) 602 7032</td>
<td>San Juan (SJ)</td>
<td>Sherie Rebollo</td>
<td>(787) 706 8305</td>
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<tr>
<td>Las Vegas (LV)</td>
<td>A. Cynthia Santana</td>
<td>(702) 584 5669</td>
<td>Seattle (SE)</td>
<td>Ethan Via</td>
<td>(206) 262 2244</td>
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<tr>
<td>Little Rock (LR)</td>
<td>James T. Adams</td>
<td>(501) 228 8410</td>
<td>Springfield (SI)</td>
<td>Kenneth V. Jones</td>
<td>(217) 353 4147</td>
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<tr>
<td>Los Angeles (LA)</td>
<td>Robin Mellroy</td>
<td>(310) 996 3863</td>
<td>Tampa (TP)</td>
<td>Andrew Sekela</td>
<td>(813) 253 1001</td>
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<tr>
<td>Memphis (ME)</td>
<td>Michael R. Johnson</td>
<td>(901) 747 9536</td>
<td>WFO</td>
<td>Jeffrey A. Thornburg</td>
<td>(703) 686 6942</td>
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<tr>
<td>Louisville (LS)</td>
<td>Timothy Beam</td>
<td>(502) 263 6037</td>
<td>Abigail L. Perkins</td>
<td>(202) 278 3406</td>
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PACE Pre-Check
If your board would like to use PACE, but still requires individual course applications, consider the PACE Pre-Check. PACE has already pre-screened approved providers, so we’re happy to help you develop a shortened course application form for providers who have earned this FCLB seal of approval. Contact FCLB to learn more about this simplified course approval.

CE Tracking Reports
Your licensees who’ve earned credits through PACE can now view, print and even email a consolidated credit report. No more worrying about lost certificates, and no more mountains of paper for you! Ask your licensees to email their CE verifications via PACE and have all their numbers in one place.

Summary
PACE, Providers of Approved Continuing Education, is a streamlined CE provider endorsement process. Both non-profit and for-profit providers are invited to complete a rigorous application and review process ensuring their capability and willingness to comply with a high standard of CE as determined by a thorough examination of current teaching practices and regulatory board standards. Regulatory boards may choose to accept PACE endorsement as an indicator that a CE provider meets board standards, thus eliminating both the need for the CE provider to complete expensive and onerous application procedures multiple times and the need for boards to duplicate each others’ work in reviewing these CE providers.

PACE cannot and should not replace regulatory boards’ responsibility or authority over CE provider approval in their jurisdiction.

The benefits to boards:
- Economies of scale: Right now, for a program offered nation-wide, every board has to look at and review the course. That means everybody is duplicating each others’ work. PACE does the job once to standards that board members helped develop. (Saves money via employee workload)
  - Boards receive approx. 9,600 pages of application materials per year
  - Materials require 800 staff hours to review
  - Board’s average annual income from CE approval is less than $500
- Eliminates Favoritism: There are some boards with a member or two who hands out approval based on the buddy system. That’s not really in the best interest of public protection.
- Offers Informed, professional evaluation: Boards don’t have the time or manpower to be experts in everything related to post-grad chiropractic education. PACE has volunteer Reviewers who are experts.
- Central location for course searches: Course searching is available through the FCLB website, streamlining the process for licensees
- Automatic credit reporting: Your licensees who receive credits through PACE will have those credits automatically reported to you in whatever data format you prefer.
Common board fears:

- **It’ll usurp board authority:** Boards can’t legally give away their authority. With PACE they’re just delegating a job. They’re still the boss; PACE is the worker bee. It’s similar to accepting the National Board exams as sufficient to meet a board’s examination requirements.

- **PACE will force boards to accept credits in subjects they don’t want:** PACE has a pretty comprehensive list of subject matter. When credits are reported to boards, PACE notes which of those credits may be prohibited by a board, allowing the board to only accept those credits that are permitted for relicensure. Additionally, PACE does not allow courses in practice building.

- **PACE will reduce income from CE applicant fees:** Most boards will find that their current fees do not sufficiently cover the cost of reviewing CE programs. In addition, PACE acceptance will not likely greatly impact income for some time.

### Boards Accepting PACE

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<th>Board</th>
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<td>Adopted 10-05: 12AAC 16.340 (3)</td>
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Learn more about the PACE program at [www.fclb.org](http://www.fclb.org).
About the

Dr. Wayne C. Wolfson
Regulatory Scholarship

Recipient of numerous professional and civic recognitions including the 2007 George Arvidson Award for Meritorious Service to Chiropractic Regulation, Dr. Wayne Wolfson has long been a generous, foresighted individual and a tireless advocate of patient-centered chiropractic care. His service has been characterized by humility, generosity, and strength of character.

A past president of the Federation of Chiropractic Licensing Boards, Dr. Wolfson’s commitment to leadership and service has manifested in this visionary scholarship program, awarding outstanding students with the opportunity to learn more about the important work of regulatory boards.

The Dr. Wayne C. Wolfson Regulatory Scholarship is awarded to current chiropractic college students who are nominated by their college president. The student must show leadership, community awareness, and a strong sense of responsibility. Scholarship recipients receive waived registration fees and an invitation to attend the FCLB Annual Educational Congress where they may sit in on the business meetings, participate in educational sessions, and meet with regulators during social events.

Eleven students have received this scholarship award since its inception in 2008. The 2016 scholarship recipients are Anna Marie Gierach from Palmer College of Chiropractic – West and Richard Doss from Life Chiropractic College - West.
About…

The Joseph Janse Lecture Series

“Whenever he spoke, whether from a podium or behind a desk, Dr. Janse challenged the minds and captured the hearts of his audiences. His elocution was enchanting, charged with excitement and conviction. It stimulated and motivated peers and students alike.”

Beideman, Ronald P., D.C., Biography of Dr. Joseph Janse

The FCLB’s Joseph Janse Lecture Series was established to honor Dr. Joseph Janse and the fire of passion he brought to chiropractic. Speakers in the Janse Lecture Series are charged with the mission to challenge and energize regulators. Like Dr. Janse, they are encouraged to envision the future of chiropractic and share both the inspiration and the hard truths of that vision.

Out of respect for the wisdom, insight, and character of the speakers in the Janse Lecture Series, and out of respect for the discernment, honesty, and true dedication of our board members, the FCLB does not limit or proscribe the content of the Janse lectures. Instead, the Board of Directors thoughtfully selects a speaker whose public service, ethics, and devotion to chiropractic and public protection already speak loudly of Dr. Janse’s vast contributions and commitment.

Some years, speakers in the Janse Lecture series have perceived a need to comfort or inspire and have set the topic and tone of their lecture accordingly. Other years, speakers have shown us where we need to improve for the sake of the public and the profession. Ultimately, the role of the Janse lecturer is to lead the way as we celebrate our successes and mend our mistakes.

Dr. Janse’s untiring commitment to chiropractic is a living legacy. His desire to see chiropractic prosper has served and will serve as a testament to generations of doctors. Through this lecture series, the FCLB strives to honor both his dedication and his passion.
Forms

- Honorary Fellow
- Volunteer for Service
- Update Records

My work is based on the assumption that clarity and consistency in our moral thinking is likely, in the long run, to lead us to hold better views on ethical issues.

—Peter Singer
Recognition Request
Application for Honorary Fellow Status
of the Federation of Chiropractic Licensing Boards

From the FCLB Bylaws
Article III, Section 6: Honorary Fellow. “Honorary Fellow” means an individual who has been a Fellow for three (3) or more years, is no longer serving on a Member Board, and who has submitted an application to the Federation requesting recognition as an Honorary Fellow.

Name

Date

Board

Dates of Licensing Board Service (must have served for a minimum of three years)

Mailing Address

City, State or Province, Postal Code

E-mail Address

Day Phone

Signature
Volunteer for Service!
FCLB is run by its members and we need you to help.
*Please tell us how you’d like to participate.*

Your name: ________________________________
Email: ____________________________________
Phone: ____________________________________

Interested in serving on a task force? Let us know!
*Note: The board of directors appoints new members every January.

Area of interest, programs you’d like to be involved in: ____________________________________

____________________________________________________________________________________

Special skills, talents, and interests you’d like to use: ____________________________________

____________________________________________________________________________________

Research has shown that people who volunteer often live longer.
Please help us update our records!

Name: ____________________________________________

Board/Organization: ________________________________

Title (President, Board Member, etc.): __________________

Term ending: ______________________________________

Mailing address: ____________________________________

Day phone: _________________________________________

Cell: ________________  Fax: _________________________

E-mail Address: _____________________________________

Other information you’d like us to know: ______________

__________________________________________________

Please complete and return this form to an FCLB staff member, fax it to (970) 356-3599 mail it to:
FCLB
5401 W. 10th Street, Ste 101
Greeley, CO 80634
or email: kwebb@fclb.org
Regulation in the News

- Assorted media coverage of professional licensing

If you want to help somebody, make sure you’re coming from a place of clarity and complete non-judgement; that way, you can begin to understand their journey, too.

—Mary Lambert
Alberta dentists sue their own governing body

By Shawn Logan, Postmedia

First posted: Wednesday, March 16, 2016 05:18 PM MDT | Updated: Wednesday, March 16, 2016 07:53 PM MDT

Dr. Larry Stanleigh mugs for a photo at his dental practice in Calgary, Alta., on Wednesday, March 16, 2016. Stanleigh is behind a lawsuit against the Alberta Dental Association that says his industry is being hampered by rules banning most advertising. Lyle Aspinall/Postmedia Network

Alberta dentists are biting back against what they claim are onerous advertising restrictions imposed by their governing body.

In a statement of claim filed at Calgary’s Court of Queen’s Bench Feb. 25, the lawsuit on behalf of some 100 Alberta dentists says the Alberta Dental Association and College have been heavy handed in restricting dentists from advertising on websites and social media, violating both their Charter rights to freedom of expression and their ability to compete for business.

“The overall implementation and enforcement strategy adopted by the ADAC, including an overbroad interpretation and unduly aggressive application of the advertising restrictions, insofar as they relate to information on websites, has created a climate of intimidation and bullying,” reads the legal document, which is unproven in court.

It further suggests some dentists have been offered immunity from disciplinary action or a reduction in penalties in exchange for making a formal complaint to the ADAC about the websites of other dentists.

The ADAC, which has yet to file a statement of defence, denied the allegations Wednesday, releasing a statement from president Dr. Tobin Doty.
“The allegations in the statement of claim are denied, and will be vigorously contested in court,” Doty said.

The claim was filed by three Alberta dentists on behalf of themselves and others, who the legal documents said do not wish to be named for “fear of retribution and repercussions from the ADAC.”

In seeking unspecified damages due to what the lawsuit claims are violations under the Competition Act, it further calls for the association to scrap the advertising restrictions and drop any ongoing investigations or disciplinary proceedings.

Calgary dentist Dr. Lawrence Stanleigh is one the three named claimants on the suit, and claims he ran afoul of the governing board in 2011 following a complaint from a fellow dentist whose own website was under investigation.

The result of a three-year investigation and some $10,000 in expenses, the lawsuit claims, forced Stanleigh to remove “substantially all of the content from his website,” including details about his background and experience, descriptions of services provided, testimonials, and before and after photos among other items.

Reached by Postmedia Wednesday, Stanleigh said he and his co-claimants have tried to work within the system but feel they have no choice but to force change through the courts.

“It’s been brewing for years — I’m seeing gross injustices and a regulatory body out of control,” he said.

“They’re more interested in holding on to power than doing the right thing.”

In addition to the remedies sought in the courts, Stanleigh said the dentists are hoping the province will step into to separate the responsibilities of the ADAC, which serves both as a professional organization as well as a regulatory body.

slogan@postmedia.com

On Twitter: @ShawnLogan403
Crackdown on chiropractors spruiking misleading claims

KIM LANDERS: The body that regulates Australia's chiropractors is cracking down on operators who are spruiking misleading health claims.

Some practitioners are advertising that they can help treat bedwetting, asthma or autism spectrum disorders despite there being no evidence to support that.

Tom Nightingale reports.

TOM NIGHTINGALE: The body which regulates Australia's 5,000 chiropractors is worried about false advertising.

Dr Wayne Minter chairs the Chiropractic Board of Australia, and says the wrong information could be a risk to public safety.

WAYNE MINTER: There are a small group of chiropractors making claims that lack credible scientific evidence, and we've identified some areas which we felt the board needed to publish clearer statements on in relation to our expectations.

TOM NIGHTINGALE: So do you think those operators have been doing what they've been doing simply because they weren't aware of what the proper laws were around making truthful advertising?

WAYNE MINTER: This is hard to say. We don't really, I can't answer that question, but we will be very keen to ensure that the message is getting through loud and clear.

TOM NIGHTINGALE: The board is writing to every registered chiropractor in Australia, warning them that advertising that contradicts higher level evidence is unacceptable.

Chiropractors are urged not to discourage vaccinations and never care for an unborn child.

The board says advertising around the treatment of children and infants is a particular concern.

WAYNE MINTER: This area has been sort of overrepresented in relation to the number of complaints we've received.

So we have been on the front foot - or are on the front foot - in terms of issuing clear guidelines detailing our expectations.

TOM NIGHTINGALE: Two months ago, Monash University Adjunct professor Ken Harvey called for the board to be sacked over what he called a "failure to protect the public".
Now he's willing to give the board another chance.

KEN HARVEY: Though at this time, the chiropractic board has gone beyond generality, in a number of its statements telling people they shouldn't breach the law and they should practice on an evidence-based fashion, today they've actually specifically named some practices that breach the law and that's an advance.

And I think that will help chiropractors determine, looking at their websites and determining whether they are in breach or not.

Whether they'll change, given that there are financial incentives to keep on keeping on, remains to be seen.

And as I say, my view is that it probably is going to need some penalties.

TOM NIGHTINGALE: Consumer group Choice has been running a campaign on advertising among chiropractors.

Its spokeswoman is Erin Turner.

ERIN TURNER: It's a clear message to the industry that dodgy claims aren't on. But it can't be the only step that's taken.

The board's indicated that there'll be disciplinary action and possibly further action beyond that - fines or prosecutions - and we'd hope to see them take these steps if other some chiropractors continue to do the wrong thing.

TOM NIGHTINGALE: The board is advising chiropractors they risk disciplinary action or prosecution if they don't comply. That could mean a suspension or cancellation of registration.

KIM LANDERS: Tom Nightingale.
Arizona Gov. Doug Ducey’s office drops push for health care bill

By Associated Press | April 4, 2016 @ 12:21 pm

PHOENIX — Arizona Gov. Doug Ducey’s office is scrapping a plan to move health care boards under the oversight of a single state agency, saying his proposal became too watered down.

The bill backed by the Ducey administration would have put 19 regulatory boards under the Department of Health Services and allowed the agency’s director to hire and fire the boards’ executive directors, reported The Arizona Capitol Times.

It also would have required that all new rules and regulations be vetted to make sure they aren’t anticompetitive.

Several lawmakers said they were concerned that the legislation tried to do too much too quickly. A Senate committee then stripped out all but six of the boards that were slated to move to DHS in 2017.

“The bill was becoming, quite frankly, pretty watered down by some of the special interests and lobbyists who would be impacted by it, and not really solving the problems that it was intended to solve,” said Ducey’s spokesman, Daniel Scarpinato.

The Ducey administration will continue to take an “aggressive approach to reform and the governor is considering other options to address the health care boards,” said Scarpinato. He declined to say what those options were.

Sen. Nancy Barto, R-Phoenix, is responsible for removing most of the boards in the bill. She felt the bill moved too fast and left many things unanswered.

“I didn’t have any problem with the goal. I think efficiencies are needed. More reforms are needed. So I’m on board with it,” she said. “I think there were a lot of concerns by a lot of people about just doing it all in one fell swoop.”
Huntsville chiropractic office sued, claims over no valid license

Thursday, March 3rd 2016, 5:35 pm MDT
Friday, March 4th 2016, 7:07 pm MDT
By Nick Lough, Reporter

A Huntsville chiropractic office was sued over claim that they were operating without a valid license (Source: WAFF)

HUNTSVILLE, AL (WAFF) -

In a lawsuit filed by the Alabama State Board of Chiropractic Examiners against a Huntsville business and doctor, a business owner is being sued for doing chiropractic work without a valid license.

The state board is asking a judge to force the business to stop any kind of chiropractic work they're doing immediately.

We called the business Thursday morning, and a woman who answered identified herself as Jackie Lee Richards.

She’s listed as one of the defendants.

Richards agreed to talk in person.

However, when we stopped by the business it was locked up, and she didn't pick up the phone.

On Thursday afternoon, she said she hasn't been served yet, and she won't be talking until she gets a chance to read through the suit.

A statement on Friday from Wolfe, Jones, Wolfe, Hancock, Daniel & South, LLC defending Richards said the following:

Wolfe, Jones, Wolfe, Hancock, Daniel & South, LLC has been retained by Jackie Richards to assist her in defending a lawsuit filed by the Alabama State Board of Chiropractic Examiners. Her first notice of this lawsuit was by the media and, to date, she has not been served with this suit.

This firm was able to obtain a copy of the lawsuit and, after a review of the same, it seems to suggest that Jackie Richards is providing chiropractic treatments to patients. This is
wholly untrue. Mrs. Richards operates a weight loss clinic out of the building where her husband operated a chiropractic clinic for over 50 years. Her husband is still licensed as a chiropractor however, due to recent injury, is unable to practice at this time.

Neither Jackie Richards nor any other person located at the prior Chiropractic Clinic has ever provided any chiropractic treatments to any patient. The Board’s concern seems to be that the building contained the name of Alabama Chiropractic Back and Pain Clinic. However, upon request of the Board, this sign was removed. It is unclear why the Board has now chosen to sue Mrs. Richards.

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The lawsuit filed against the Alabama Chiropractic Back-Pain Clinic and Steiner Douglas Sanford (also known as Charles Douglas Parker) and Richards is full of accusations.

Court documents indicate Richards claimed they were operating a liposuction/weight loss business, but the state board said they were holding themselves out as a chiropractic office.

The plaintiff’s attorney pointed to the name of the business- the fact that Sanford/Parker is referred to as a doctor and that they had requested for patients to list any spinal, neck, back or other problems they had.

Furthermore, the lawsuit contends Sanford/Parker was licensed back in 2004, but it lapsed in 2012.

Court documents indicate Sanford/Parker filed for reinstatement in October of 2015, and the application is still pending.

The lawsuit includes a Tennessee Department of Health discipline document that says, in essence, that Sanford/Parker- while under the influence of alcohol- repeatedly hit, shoved, and choked a woman until she blacked out.
Documents indicate he plead guilty to one count of assault and two counts of domestic assault with bodily injury. Documents also show his Tennessee license has been suspended.

Sanford/Parker said he respectfully wishes to give us information about what's going on and will be getting back to us in the coming days.

The attorney who filed the suit said a hearing has been set for March 18 in Madison County.

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Huntsville Chiropractic office must now cease treating patients for chiropractic issues following lawsuit (Source: WAFF)

HUNTSVILLE, AL (WAFF) -

A new court filing states that a man and woman accused of running a chiropractic clinic without a license have agreed to cease treating patients for chiropractic issues.

The Alabama State Board of Chiropractic Examiners filed a complaint against Jackie Lee Richards and Steiner Douglas Sanford in early March.

Read: Huntsville chiropractic office sued, claims over no valid license

In a board hearing set for March 18, the complaint says that Richards and Sanford legally cannot operate the Alabama Chiropractic Back-Pain Clinic in Huntsville.

In the lawsuit, the plaintiff's attorney pointed to the fact that Sanford is referred to as a doctor and he along with Richards had requested for patients to list any spinal, neck, back or other problems they had.

Sanford was previously licensed in 2004, but his licensing lapsed in 2012. He filed for reinstatement in October 2015 pending approval.

The filing states the two can continue operating as a weight-loss treatment center, but cannot question customers about back issues or perform any back treatment.

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Medical Students Petition to End ‘Pointless’ Exam

By Ellen Zhang, CRIMSON STAFF WRITER March 25, 2016

UPDATED: March 25, 2016, at 10:40 a.m.

More than 12,000 medical students, residents, and physicians from around the country have signed a petition originating at Harvard Medical School that calls for an end to the Step 2 CS exam, a portion of a mandatory test for all fourth year medical students.

Over three hundred Harvard Medical School affiliates joined the thousands of protesters in petitioning for the exam’s elimination as a way to reduce “unnecessary costs in the education process without negatively affecting patient care.”

The exam, initiated in 2004, consists of staged clinical patient interaction simulations, and is a requisite for acquiring a medical license. “The exam’s main purpose was and has been basically to see whether the student at this stage is able to one, speak English clearly and interact with patients,” Ronald A. Arky, a professor and advisory dean at Harvard Medical School, said.

Students said they are frustrated at how costly the exams are to take, given they are offered in just five testing sites around the nation: flight and hotel costs on top of an exam fee can cost roughly $1,275. Petition organizers argue that on top of the financial burden, the test is just plain unnecessary.

Carolyn L. Treasure, an organizer of the petition, which was first circulated earlier this month, called the exam “pointless,” and said that nationally, medical school students already face a student debt burden that averages to roughly $180,000 per graduate.

“Medicine emphasizes evidence. Ironically, there’s no evidence that this exam makes people better doctors,” she said.

Samia Osman, an organizer of the petition, argued that the exam is unnecessary because the vast majority of medical schools in the U.S. already have internal clinical skills exam; moreover, 95 percent of students pass the Step 2 CS exam on their first try.

Osman and Treasure said the redundancy of the test means it needlessly adds to medical school graduates’ financial burden, and some Harvard Medical School administrators agreed.

“This is a kind of exam that each medical school can certify its students for,” Arky said. “There’s no need to do this. The costs, as I mentioned, go up progressively each year.”
Nancy E. Oriol, Dean of Students at the Medical School, agreed the test is expensive both financially and in terms of time, and said it “uses up their resources.”

“I wish they had more time they were allowed to actually be learning more—you know, learning more, say in medical school that will sort of be of value as they go forward,” she said.

The petition, less than a month old, has spread very quickly among medical school students. Christopher R. Henderson, another organizer of the petition, said students used the power of social media and reached out to friends at other medical schools to spread the news.

“Within three days, we had a thousand people who signed. Within a week, we had like three thousand… Now, we have one in every 10 medical students in the United States in three weeks have signed this,” he said.

Currently, Osman said they’ve submitted a resolution to the Massachusetts Medical Society to remove the testing requirement in Massachusetts—the decision will come out in May—and other schools will also submit resolutions to their state societies. Meanwhile, a similar resolution was sent to the American Medical Association, which will make a decision in June, according to Osman.

“Since it’s a national body, it’s a way to get a unified voice from the medical community,” Osman said.

—Staff writer Ellen Zhang can be reached at ellen.zhang@thecrimson.com.

This article has been revised to reflect the following correction:

CORRECTION: March 25, 2016

A previous version of this article incorrectly indicated that the American Medical Association administers the Step 2 CS exam. In fact, the National Board of Medical Examiners administers the test.
FBI agents raid 6 to 10 Twin Cities chiropractic offices

Dan Browning, Star Tribune

Federal agents searched more than a half-dozen Twin Cities chiropractic offices Tuesday but declined to say why, noting that the search warrants remain under seal.

Agents with the FBI were searching between six and 10 office locations, according to FBI spokesman Kyle Loven. He said the offices were involved in “coordinated operations” but he declined to say more until the search warrants are unsealed.

The Minnesota Department of Commerce fraud bureau is working with the FBI on the case.

“For us, at least, this has been like 10 years in the making,” said Mark Kulda, vice president of public affairs for the Insurance Federation of Minnesota.

Kulda said he’s in close contact with insurance company investigators who have told the authorities for years about criminal rings engaged in staged accidents, fraudulent billing and related economic crimes.

He said he doesn’t know what triggered the searches, but said insurance company investigators have turned over voluminous information about chiropractors charging for services that were not rendered.

“We’ve been saying this fraud problem is a real problem to the tune of hundreds of millions of dollars in money that’s been siphoned off by the fraudsters” in Minnesota, Kulda said. “It’s gotten so bad that we think there are elements of the Russian mafia that have moved here.”

Kulda said that states like Minnesota that have no-fault insurance laws are particularly susceptible to fraud, which drives up premiums. He said on average, automobile insurance costs about $200 a year more in Minnesota than in surrounding states that don’t have no-fault insurance.

Insurance fraud occurs statewide but is concentrated in the Twin Cities, Kulda said. It sometimes involves immigrant communities, he said, and many times they become unwitting victims.

Kulda said that some chiropractors employ “runners” who use police reports to find the names of accident victims, whom they visit at their homes to persuade them to seek
treatment with particular chiropractors. The bills go directly to the insurer, enabling them to overcharge without the patients knowing, he said.

In addition, Kulda said, rings of fraudsters will fake an accident, then seek chiropractic treatment. Usually, these people get paid cash and the chiropractor submits bogus bills in their names.

Another scam is called “passenger stuffing.” It involves loading up a car and staging a minor accident. The passengers all complain and the chiropractor submits bills saying they each need $15,000 in treatment.

Larry Spicer, executive director of the Minnesota Board of Chiropractic Examiners, said he knew nothing about the raids until someone alerted him to the news story Tuesday afternoon.

Spicer said it’s not uncommon for agencies such as the FBI or the Commerce fraud unit to do undercover investigations, then forward information to the board for actions against the chiropractors’ licenses. He said the board has not seen a spike in complaints, which tend to number between 150 and 200 a year.

Dan Browning 612 673-4493
Lawsuit: Chiropractor asked woman to undress for job interview

Rad Berky, WCNC 5:26 PM. EST March 31, 2016
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(Photo: WCNC)

MINT HILL, N.C. – A woman is suing a Mint Hill chiropractor who she claims had her undress and undergo a chiropractic exam when she applied for a job.

Carrie Jenkins, 27, from Monroe, says in her complaint that she had applied for a job with Dr. Keith Helmendach at the Charlotte Spine and Pain Relief Center in Mint Hill in September of 2014. She says after completing one interview, Helmendach called her back for a second interview.

That interview was scheduled for September 6, on a Saturday when the office was closed. She says Helmendach had her come to the office on a Saturday because that was when he would have free time to interview her.

Jenkins said she arrived at the office at 1:00 that afternoon.

“He was glad I could make it. He actually let his wife have the day off, so he was going to do the interview,” Jenkins said.

The lawsuit, filed on her behalf by Attorney Kevin Murphy alleges, “Dr. Helmendach then exploited this opportunity to be alone with Carrie to transform her interview into his own sexual fantasy.”

Jenkins says Helmendach then suggested she undergo a chiropractic exam so she would be able to explain the procedure to patients if she did get the job.
Having never been to a chiropractor, Jenkins said she agreed.

“So he gave me a gown and told me to undress and put the gown on. I said, ‘OK,’ and he said, ‘make sure you take everything off.’”

Again, she says, she agreed, having no idea of what was normal procedure for such an exam.

The suit alleges the doctor then had her perform a series of twists and turns before “asking her to drop the gown and complete the examination completely nude.”

Jenkins told NBC Charlotte she complied with the request.

“I feel, like, awful, but I did. I trusted him,” said Jenkins.

But she said she knew something was very wrong when she claims the doctor then propositioned her for sex in the exam room.

She said she got her clothes, put them on, and walked out and filed a police report with Mint Hill Police. According to that report, no charges were brought against Helmendach.

“I believe the police say this was a civil matter and they would not be pursuing it any further,” said Jenkins’ attorney.

The attorney for Helmendach, Kathleen Lucchesi, said in a statement Helmendach denied the allegations and would fight “these meritless claims.”

Jenkins’ attorney said some might call this a case of he said-she said.

“Well, we are here to stand with Carrie and to say that this is not the end of the story and the truth is the truth,” Murphy said.

Helmendach’s attorney said he would not speak on camera about the case, but said in a statement:

“Ms. Jenkins has continuously demanded that Dr. Helmendach pay her money in order to avoid the embarrassment of being named in a lawsuit.”

Jenkins’ attorney says she wants a jury trial and is certain the truth will come out and the jury will believe her story.

Copyright 2016 WCNC
State leaders like to say Texas is wide open for business, but that’s not the case with telemedicine.

The Texas Medical Board, led by a panel made up largely of physicians, keeps putting up roadblocks for this promising niche in health care. And that’s made Texas one of the most hostile states in the nation even as telemedicine rapidly wins more converts.

While the regulatory board talks about patient safety, others say the resistance is about doctors protecting themselves from new competition. The restrictions are especially hard to stomach here because so many Texans don’t have doctors and need affordable health care options.

Last April, the board proposed a rule requiring face-to-face visits before doctors could issue a prescription, according to a lawsuit filed against the board. Over 200 people submitted written comments with 95 percent opposing the proposal. Still, the board passed it, 14-1.

“I joked that the next item on their agenda was to require a buggy whip for every hybrid vehicle in Texas,” said Bill Hammond, CEO of the Texas Association of Business. “That’s how backward their thinking is.”

Telemedicine, also known as telehealth, allows patients to connect with doctors through smartphones, computers and other devices. Patients often send photos or videos to supplement their descriptions.

It’s a convenient way to treat certain conditions, including bronchitis, rash, pinkeye and urinary tract infections. And patients and their employers save hundreds of dollars compared with a trip to the ER. Remote visits are also cheaper and faster than most visits to the doctor’s office.

The industry’s top player, Teladoc Inc., started in Dallas in 2002 and has its largest operations in Lewisville. It has gone to court repeatedly to prevent the board’s rules from taking effect. The company said it has won seven favorable rulings, including one related to alleged antitrust violations by the board. It said state boards are not immune when they take anti-competitive actions without the active supervision of the state.

“That is exactly what happened here,” Teladoc stated in its complaint, filed in July.
The medical board sought to have the suit dismissed but was rejected in December. Teladoc described “a continuous course of conduct by the TMB aimed at interfering with (its) ability to engage in telemedicine,” the ruling said. And the court agreed with that view.

The case will be headed for trial eventually unless the Legislature acts. In past sessions, it failed to approve bills that would welcome telemedicine more widely and Texas’ rules rank among the worst, according to the American Telemedicine Association.

In the group’s latest report on state gaps, Texas failed in two of four categories and was the only state with two Fs.

“It’s completely outrageous,” said Hammond, who plans to make telehealth legislation a top priority in next year’s session in Austin.

A spokesman for the medical board declined to discuss telemedicine, citing pending litigation. He forwarded a statement from president Dr. Michael Arambula, which was released in December:

“There is continued widespread misperception that Texas is behind the times and restricting access to health care when it comes to telemedicine,” he said in the statement.

He noted that patients could communicate with doctors if they call from a hospital, clinic, fire station or school nurse’s office. He said current rules allow for expansion in telemedicine “while maintaining the safety of patients.”

The Texas Medical Association has supported the board. The rules are “a justified measure to protect the safety of the public,” the group said in an earlier legal brief.

Teladoc took on the safety issue at a House committee hearing in Austin last month. “After having performed 1.25 million patient visits, we have not had a single malpractice claim,” Adam Vandervoort, Teladoc’s general counsel, told the committee. “That is simply amazing and it’s because we strictly limit what we treat, and we run quality and training programs that exceed what you’re going to find in any brick-and-mortar treatment setting.”

Teladoc doesn’t prescribe medicine that can be abused, including opiates and sedatives. It doesn’t prescribe Viagra or Ambien or other medication with a street value, he said.

In Texas, Teladoc revenue totaled $12.6 million last year, up from $2.3 million two years earlier, according to the company’s 10K filing. That’s a testament to the popularity of telemedicine as well as Teladoc’s success in the courtroom.

Last year, Teladoc delivered almost 169,000 remote patient visits for Texas customers. And the company has nearly 2,400 clients with Texas operations, including Southwest Airlines, Neiman Marcus, Lockheed Martin and Dell.
Nationwide, clients include 230 Fortune 1000 companies, 26 health plans and several major hospitals.

“Employers want this and patients want it, too,” said Jamie Dudensing, CEO of the Texas Association of Health Plans.

There’s usually opposition to anything that cuts costs in health care, she said, because that’s someone else’s revenue. But telemedicine represents a novel opportunity.

“It’s very rare to have something show up that increases access and lowers costs and manages to have high customer satisfaction,” she said. “Consumers are ready for 21st century ideas.”

Texas regulators just have to get out of the way.

Twitter: @mitchschnurman
You Asked: Are Chiropractors Legitimate?

- Markham Heid @markhamh

April 6, 2016

For back or neck pain, probably. But watch out for those who oversell their abilities.

In the world of medicine, chiropractic, which seeks to treat musculoskeletal injuries, seems to hover in that gray area between standard health care—the type you’d receive at a hospital or from a physician—and acupuncturists, massage therapists and other “alternative” practitioners.

“Chiropractic was the original holistic medicine in that it focused on treating the whole person, not just the body part that hurt,” says Michael Schneider, an associate professor of health sciences at the University of Pittsburgh. Along with a doctorate in chiropractic, Schneider also has a PhD in rehabilitation science. His research has shown that “cervical and lumbar manipulation”—the back and neck adjustments most people associate with a visit to a chiropractor—can be an effective treatment for low back pain. Especially when combined with standard medical care, chiropractic manipulation often leads to better patient outcomes, other studies suggest.

“The benefits of chiropractic for acute low back pain have been pretty widely accepted for years now within the medical community,” says Dr. Ronald Glick, assistant professor of psychiatry, physical medicine and rehabilitation at the University of Pittsburgh School of Medicine and coauthor of several of Schneider’s research papers. “When I started in practice over 30 years ago, people would look askance at a physician who recommended chiropractic, but that’s not the case anymore,” he adds.

While the strongest evidence in support of chiropractic involves the treatment of back pain, Schneider says there’s also evidence for neck pain and some types of non-migraine headaches.
Still, his profession is not without controversy, he says. “The controversy comes in when chiropractors make claims about treating non-musculoskeletal conditions”—claims he says have little to no basis in science.

This “failure to present a unified front” is the biggest problem facing chiropractors today, says Dr. Scott Haldeman, a neurologist and chiropractor who teaches at both UCLA and UC Irvine. “You could walk into a chiropractor’s office and find someone who is a pure back-and-neck-pain guy—a guy who has embraced the scientific research—or someone who says he can cure all things and provide general wellness,” Haldeman explains.

“Like any other type of doctor, some chiropractors are good, some are just OK and some are bad,” says Dr. Simon Dagenais, a chiropractor and clinical epidemiologist. “It takes just a few rotten apples to spoil the bunch.”

Another thorny issue for chiropractors of all stripes is the public perception that spinal manipulation can result in injury or, more ominously, stroke or torn arteries.

“The stroke question is basically resolved,” Haldeman says, citing research that shows the risk of suffering a stroke following a chiropractic visit is extremely low, on par with the risk associated with visiting a physician. “Neck pain can be a sign of a stroke in process,” he says, “so people may go see a doctor or chiropractor about that pain and then associate the subsequent stroke with their visit.” When it comes to artery tears, Haldeman’s own research turned up only 23 such cases among more than 134 million chiropractic manipulations.

More of an open question is whether less-serious injuries can result from a chiropractor’s touch. One study of neck pain patients found 30% had some kind of “adverse” reaction following chiropractic treatment. “In most cases, that adverse event was increased pain or stiffness, and it resolved itself quickly,” says Dr. Eric Hurwitz, first author of the study and graduate chair of epidemiology at the University of Hawai‘i.

Hurwitz says more severe reactions were “very rare,” and most patients didn’t experience any adverse event at all. “But we can’t predict who will or won’t experience an adverse event,” he adds.

“There’s some risk involved,” Haldeman agrees. “But there’s also risk from surgery or from taking medications.” Compared to opioids—a class of painkillers commonly prescribed for back and neck pain, and one also linked to dependence and death due to overdose—the potential for soreness and ache seems minor, he adds.

Schneider agrees and points out that malpractice and liability insurance premiums for chiropractors are much lower than for physicians or surgeons. “Insurance actuaries aren’t dumb,” he says. “They know that based on the malpractice data, chiropractic is very safe.”

But the biggest unsolved mystery about chiropractic treatment is exactly how spinal manipulation reduces back or neck pain. “Increased mobility of the spinal vertebrae and muscle
relaxation probably has a lot to do with it,” Haldeman says. “But the truth is the mechanism is not well understood, just as back and neck pain are not well understood.”

A recent study published in *The Lancet* found low back pain was the most common cause of disability globally. But despite its ubiquity, back pain—like many other forms of pain—is difficult to explain. “We know some things that cause it, but not exactly where it comes from or why it persists,” Haldeman says. Looked at in this context, he says, it’s not odd that he and other researchers who have studied chiropractic can’t pinpoint why their treatment is effective. What’s more important is that for many patients, it *does* work, he says.

“Chiropractors tend to have very high patient satisfaction rates,” Schneider says. “And from a public health perspective, we’d see a lot fewer unnecessary tests and hospitalizations and opioid prescriptions if people visited chiropractors for their back and neck pain.”
What You Don't Know About Your Doctor Could Hurt You

By Rachel Rabkin Peachman
Photograph by Evan Kafka

Thousands of doctors across the U.S. are on medical probation for reasons including drug abuse, sexual misconduct, and making careless—sometimes deadly—mistakes. But they're still out there practicing. And good luck figuring out who they are.

The state medical board's report on Leonard Kurian, an obstetrician-gynecologist in Southern California, tells in stark clinical detail what it says happened to several patients in his care. And it's not easy to read.

The report describes the time Kurian surgically removed the wrong ovary from a 37-year-old woman, a mistake the patient only learned about weeks later when, still in pain, she went for more tests. The good ovary was missing, and the cystic one was still inside her.

Kurian's record gets worse from there. The report makes the case of how his errors of medical knowledge, judgment, protocol, and attentiveness contributed to the deaths of two patients. Both were young mothers who had recently given birth to healthy babies.

You might think a doctor with that type of record would be barred from practicing medicine, but that didn't happen in this case.

Thousands of working physicians are currently being disciplined by their respective state medical boards for findings that patients may want to know about—things such as sexual misconduct, their own addiction problems, overprescribing controlled substances, and all sorts of other documented examples of unprofessional or dangerous doctoring.

Though the odds are quite good that your doctor isn't one of them, it's important to know for sure.

66% of Americans lean toward keeping doctors from seeing patients until their probationary period ends.

Changing the System

Here's the problem: Even in a time when vast amounts of information sit at the end of our fingertips, it's still too difficult for consumers to find a doctor's disciplinary record and its causes.

Through our Safe Patient Project, Consumer Reports is working to change the way the system works around the country. "The onus shouldn't be on patients to investigate their physicians," says Lisa McGiffert, who directs the effort. "Doctors on probation should be required to tell their patients of their status."

Last fall in California, the state with the most doctors, Consumer Reports petitioned the medical board to do just that. The board rejected the idea, saying it would put too much of a burden on doctors and damage the doctor-patient relationship.

We also filed a public records request and were able to obtain California's entire database of doctors on probation as of late September, information that is now searchable on our Safe Patient Project website.

Consumer Reports' deep dive into California's records brings this important issue into sharp focus. Read some of the probationary settlements, all signed by the doctors and their lawyers, and it becomes clear why this matters:

'You can find out more about the safety record of your toaster and whether or not it's going to catch on fire than you can find about your physicians.'

—Robert Oshel, former associate director for research and disputes at the National Practitioner Data Bank

There's the orthopedic surgeon whose inattention to a man's fractured thighbone resulted in a leg amputation. And the family practice physician, who, along with her cardiologist husband, ordered more than 4 million doses of hydrocodone in 15 months but when pressed by investigators could account for only a small fraction of it. You'll find examples of doctors practicing under the influence—a psychiatrist drinking midshift and the urologist arrested for DUI while on call, his blood alcohol reading almost twice the legal limit.

And what about the highly regarded surgeon with a seizure disorder? Is his condition something patients need to know about?

Some of the most egregious cases raise the question: What does it take for a doctor to have his or her license suspended or revoked? And if those sorts of transgressions are regularly tolerated with only modest and discreet sanctions, the system of disciplining physicians needs to be made more transparent, reliable, and accessible than it is today.
State medical boards are really hybrid regulatory agencies, combining government oversight with professional peer review. Their main purpose is to license and discipline physicians and to investigate complaints, whether they are filed directly by patients or come from other medical personnel, hospitals, the courts, or law enforcement. It's important work often performed by volunteers—doctors and also some outside the profession.

"One of the core defining points of what a profession is, is that it takes responsibility for regulating itself," says Jim E. Sabin, M.D., director of the ethics program at Harvard Pilgrim Health Care, an insurance company in Boston, and a clinical professor of psychiatry and population medicine at Harvard Medical School.

Board findings and sanctions should be public, Sabin says. "Can that be uncomfortable for the medical profession? Yes, it can. That's unfortunate—the discomfort—but the responsibility of an agency like a board of registration is to the public."

In the case of Kurian, the California board placed him on probation from 2015 until 2022, citing 40 instances of his negligence and incompetence, yet allowed him to keep practicing on the condition that he completes courses in clinical training, ethics, and medical record-keeping. And he doesn't have to tell new or existing patients he's on probation or what's in the board's 25-page investigative report that details his mistakes. Kurian did not respond to messages left with his office staff. Two of his lawyers declined to comment.

Follow the Malpractice Money

Average Payment
$0 per Physician

A very small percentage of doctors have accounted for most of the country's medical malpractice payouts over the last quarter century. That's according to an analysis done for Consumer Reports of the National Practitioner Data Bank, a federal repository that has collected disciplinary actions and medical malpractice payouts since 1990.

Robert E. Oshel, who worked as the associate director for research and disputes at the NPDB for almost 15 years until he retired in 2008, ran the numbers and figured out that less than 2 percent of the nation's doctors have been responsible for half of the total payouts since the government began collecting malpractice information.

Malpractice is considered an inexact indication of substandard care, for many reasons. Cases often settle before trial and without documented findings of wrongdoing. And even the best doctors and surgeons can sometimes face lawsuits.

"Still," Oshel says, "when doctors have multiple large settlements against them, it can be a warning sign ... suggesting that if licensing boards and hospital peer reviewers were willing to either get these doctors to stop practicing or get retraining, we'd all be better off."
1,247,500 doctors have practiced in the U.S. since 1990

191,856 or 15 percent, had at least one malpractice payout

22,741 or less than 2 percent, were responsible for half of all malpractice payouts

506 were responsible for 5 percent of all malpractice payouts

Hidden Information

How can consumers figure out whether their doctor has been cited for substandard medical care, bad behavior, or other problems—and why?

The availability of that crucial information varies from state to state, and it's too hard to find.

The National Practitioner Data Bank (NPDB), part of the Department of Health and Human Services, collects data on medical malpractice payouts and certain levels of disciplinary actions in the U.S. for physicians and other licensed healthcare practitioners. About 1.25 million doctors have practiced medicine in this country since 1990, when the database opened. Over that time, roughly 192,000 doctors, or about 15 percent, have had at least one malpractice payout and 50,000 have had an "unfavorable adverse action" against them by their state medical board or other agencies, according to a Consumer Reports analysis of the database. Actions include things such as a reprimand, probation, and license suspension or revocation.

The trouble is, you can't go to that central database and simply type in a name and examine your internist or surgeon's record. Only hospitals, doctors, law enforcement, insurance companies, and a few other select groups are granted access.

'One of the core defining points of what a profession is, is that it takes responsibility for regulating itself.'

--Jim E. Sabin, M.D., professor, Harvard Medical School
The American Medical Association has long lobbied against public access to the NPDB, maintaining that its information is unreliable and unfair to physicians. The doctors' group answered some of Consumer Reports' questions about those concerns but not others, and would not agree to an on-the-record interview.

AMA president Steven J. Stack, M.D., in a statement to Consumer Reports, called the NPDB "inherently flawed," citing a 15-year-old Government Accountability Office report as proof. Opening it up, his statement said, "would not help patients."

The National Physicians Alliance, an organization of doctors committed to social justice and healthcare reform, believes the disciplinary reporting system should be less secretive and more useful to consumers. "A good place for that information might be at the point of decision when patients are choosing their doctor," says William Jordan, M.D., M.P.H., past president of the NPA. He says he'd like to see disciplinary information of the sort contained in the NPDB integrated with healthcare provider lists from insurance companies and employers. He says one concern is how to simplify this information for consumers while still being fair to the doctors.

Robert E. Oshel agrees with that kind of transparency. He was the NPDB's associate director for research and disputes for almost 15 years until he retired in 2008, and has since become a patient-safety advocate, working with Consumer Reports and other organizations, without compensation, to make information on sanctioned doctors more accessible.

"You can find out more about the safety record of your toaster and whether or not it's going to catch on fire than you can find about your physicians," he says.

The AMA, meanwhile, suggests that consumers seeking that information go to one of the 50-plus state medical board websites.

But that's not an elegant solution. Each state has its own peculiar way of providing this information, explained Eric Fish, legal counsel for the Federation of State Medical Boards. "This information is either couched in the minutes of the board meetings, or some states do have a separate sort of a rolling tally of action."

Consumer Reports analyzed the state medical board websites for their completeness and ease of use. We rated them best to worst and found that even when consumers arrive at the right website, information on a particular doctor was still difficult to locate and very often, where malpractice cases were concerned, incomplete. In Mississippi, which fared the worst in our Ratings, the information is sparse and vague. To get details about a physician, consumers are directed to a page that says they must pay $25 per request.

In California and New York—which have two of the better-rated board websites—researching a doctor's disciplinary history can still require searching out and downloading lengthy documents, in the form of PDFs, then sorting through pages of legalese to get at the crux of the findings.

**Doctors Allowed to Keep Practicing**
Examples from the Medical Board of California

THERE ARE ABOUT 100,000 DOCTORS practicing in California; 446 of them were on probation as of Sept. 29, 2015, which means they can continue practicing so long as they follow certain conditions. Those can include taking a course in ethics, not treating female patients without a chaperone, and undergoing drug testing. Through a public records request, we obtained the medical board's database of probation settlements. These examples illustrate the range and seriousness of the findings. Nationally, to check on your doctor, start at docinfo.org; if the doctor has been disciplined, you will be linked to your state's medical board website. To search our California database, go to our Safe Patient Project website.

ORTHOPEDIST

FINDINGS "Gross negligence" in the care of two patients, including one whose fractured thighbone was incorrectly treated for two months, allowing the "sharp end of the bone" to "erode through the skin." Patient's leg required amputation.

SANCTION Three years' probation, starting Oct. 16, 2015.

UROLOGIST

FINDINGS "Excessive use of alcohol," following DUI arrest for a blood alcohol level more than twice the legal limit on a weekend when he was on call for a local hospital. Five months later, he admitted to drinking again while on call.

SANCTION Four years' probation starting Dec. 5, 2013.

NEUROLOGIST

FINDINGS Allowing unlicensed medical assistants to routinely give patients narcotic painkillers through infusion pumps; in one case, a woman was sent home after receiving more than four times the proper dose. She was found dead the next morning.

SANCTION Five years' probation starting Sept. 3, 2014.

Gastroenterologist

FINDINGS Unnecessary endoscopies on multiple patients and his substandard treatment of three nursing-home patients. He was also found negligent in his failure to "manage chronic conditions of diabetes, schizophrenia, and seizure disorder" and his failure to "obtain informed consent" from the patients or their guardians.

SANCTION Four years' probation starting July 28, 2008; one-year extension on Jan. 20, 2010; five years' additional probation, starting Oct. 24, 2013.

Family Practice Doctor
FINDINGS Excessive prescribing of controlled substances to patients, including one who received 1,080 oxycodone tablets at one time, another who filled prescriptions for more than 41,000 methadone tablets over a 28-month period, and another who received "approximately 700 oxycodone and 180 Norco [pills] approximately every 3 weeks." Also sold drugs for cash without labels, patient names, or adequate records; and provided free drugs to patients in exchange for sex.

SANCTION 10 years' probation, starting Feb. 20, 2015.

ORTHOPEDIC SURGEON

FINDINGS While on probation for substance abuse and forging prescriptions for "highly addictive" drugs and fictitious patients, was "caught using a prosthetic penis and bladder" to circumvent urine testing as part of mandated drug testing.

SANCTION Four years' probation, starting Nov. 14, 2013, with additional year added July 23, 2015.

PEDIATRICIAN

FINDINGS Sexual misconduct. Respondent "is a pediatrician with a sexual foot fetish" who coerced mothers of his patients to allow him to examine their feet while in the office. During one exam, he took the patient's mother's "right foot and placed it on his inner thigh," then "began rotating the foot so that [her] toes rubbed against his penis." He later said that he had "engaged in similar conduct with 30 or more female parents/patients" over a 12-month period.

SANCTION Eight years' probation total, starting Sept. 30, 2009 (including a one-year extension for failure to have a chaperone when seeing patients, as ordered).

PRIMARY CARE PHYSICIAN

FINDINGS With her cardiologist husband, ordered more than 4 million tablets of prescription painkillers containing hydrocodone, a controlled substance, over a 15-month period, but investigators from the Drug Enforcement Agency "could account for only 167,000 tablets."

SANCTION Seven years' probation, starting Aug. 28, 2015.

CARDIOLOGIST

FINDINGS "Gross negligence" in treating four people with heart disease, including two who died. Cited for failing to recognize a perforated artery he caused while inserting a stent and exposing a patient to "extremely excessive radiation," failing to order appropriate follow-up tests, dictating a "fictitious history and physical" without seeing a patient, and dictating medical records weeks after patients died.

SANCTION Five years' probation, starting July 31, 2014.
INTERNIST

FINDINGS When applying to renew his license in California, it was discovered that in 2012 the Maine board of licensure had previously "limited his narcotic prescription privileges" and that in 2013 he had failed to disclose that information to the Virginia medical board when he applied to practice medicine in that state. Also, he had inaccurately responded "no" when asked if he had a history of being treated for substance abuse.

SANCTION Five years' probation, starting Sept. 26, 2014.

PEDIATRICIAN

FINDINGS False advertising, fraudulent billing, and improper prescribing of weight-loss drugs and other medications, including to himself.

SANCTION License suspended for 90 days, then 10 years' probation, starting Aug. 12, 2015.

Online Confusion

People looking for a primary care doctor or specialist often ask friends, relatives, or other doctors to refer them to someone they trust. And more and more, when consumers want to check out a doctor's record or bedside manner, they go to Internet sites such as Healthgrades or Yelp that offer patient reviews and ratings.

That's what Cynthia Mora did in 2010, when she learned she was pregnant with her third child after moving to Lancaster, Calif.

Her husband, Ismael Aguirre, says that his wife did a typical search online for doctors in the area and landed on the aforementioned OB-GYN, Leonard Kurian. Then, he says, she researched his name "to see what popped up," and was persuaded by the mostly positive reviews she found.

Aguirre is certain his wife did not know that her new obstetrician had already been reprimanded by the state medical board in 2006 for "negligent" and "incompetent" care and "dishonest" behavior.

Patients casually researching Kurian on widely used doctor rating sites today are still unlikely to find clear, accurate, or up-to-date information about his record. On Healthgrades and Yelp, the first impression one gets of Kurian is positive.

When this report went to press, he had a rating of four out of five stars on Yelp, based on 17 patient reviews, many of them glowing, some not: "He is the best Dr I have ever had," posted Kayla M. "I'll never go anywhere else!" wrote Leah C. "Although some women swear Dr. Kurian is the best, I beg to differ. He totally dropped the ball with me," Sharon C. says.
Kurian's record on Healthgrades did mention a sanction against him, but it was for "failure to keep adequate medical records," obscuring the more serious medical board findings of negligence and incompetence.

Yelp is built around user reviews and does not check a doctor's record with state medical boards or other sources, says Morgan Remmers, senior manager of business outreach at the company.

On Healthgrades, Kurian had 3.4 out of 5 stars based on 38 user responses. That site provides information on whether physicians have had medical malpractice claims or board actions taken against them, but finding any details requires more savvy and diligence.

For example, though Kurian's record on Healthgrades did mention a sanction against him, it was for "failure to keep adequate medical records," obscuring the more serious medical board findings of negligence and incompetence.

Under Healthgrades' category of Board Actions, it said, "No board actions found for the years that Healthgrades collects data."

And it's far from obvious that the medical board's full and damning report on Kurian is there but mislabeled—linked to the somewhat innocuous "medical records" finding.

Healthgrades does not show any malpractice lawsuits against Kurian even though the Los Angeles County courthouse has a record of 18 in which he was named. A Healthgrades representative says the site draws data from more than 100 external sources and relies on them to be current and accurate.

One suit against Kurian and others was brought by Ismael Aguirre over the death of his wife, Cynthia Mora, and was settled out of court in 2013 for $950,000. (California malpractice law caps noneconomic damages—such as the loss of companionship—at $250,000.)

COMMENT ON THIS ARTICLE

Have you ever filed a complaint against a doctor, or wanted to? Please share that experience in the comments section below. (You can tell us the doctor's specialty, but we don't need his or her name.)

When and How to File a complaint

After emergency room doctor David Newman allegedly drugged and sexually abused a patient at New York City's Mount Sinai Hospital in January, the woman called police and went to another hospital for medical care. That reportedly allowed physicians to collect a sample of semen, which if found to contain DNA matching Newman's could strengthen the criminal case against him and improve the odds that he might be stripped of his medical license. Newman has been arrested, and his lawyer says Newman denies the charges. Mount Sinai had no comment. Many people don't know what to do when they've been a victim of dangerous or negligent care. This patient acted swiftly to secure evidence and
report the incident. Here's what you should do if you think you've been harmed by a doctor:

Recognize a cause for action

This obviously includes any kind of physical or sexual abuse you suffer at the hands of your doctor, or if you suspect that a doctor is practicing medicine under the influence of alcohol or drugs. Then there's the problem of poor medical care, which can be less clear-cut. The kind of medical harm that warrants a complaint includes when a doctor overprescribes a drug or prescribes the wrong one, is dishonest, or fails to give you the results of a worrisome cancer biopsy or diagnosis of a serious medical problem in a timely way.

Consider contacting the police and a lawyer

To file criminal charges—for, say, sexual or physical abuse—you should first contact the police. For a malpractice lawsuit, you'll probably need to convince a lawyer that you have a strong case with the potential of a payout.

Contact your state board

That's the agency that licenses and disciplines physicians. (Consumers Union's Safe Patient Project has links to the websites for medical boards in each state.) Some states make it easy to file a complaint against physicians online. If you have trouble navigating the website, call the board for help.

Gather your records

It's a good idea to send a hard copy of your complaint, along with copies of your medical records and other supporting documents, to the board. Once the board receives your complaint it will assign it to an analyst, who may request additional documents or information. Then be patient: The state board must first determine whether your complaint warrants further investigation. And it can take several months or even longer before the board makes a final ruling.

What Went Wrong

In its report, the Medical Board of California was quite specific as to what it says went wrong with the care Cynthia Mora received.

In the final weeks of her pregnancy, she went to the emergency room with excruciating pain in her side, and while there, her labor began. But that pain did not subside with the birth of her third child, a healthy daughter.

The medical board investigation found that Kurian missed signs of a ruptured appendix and for days stuck with an alternative diagnosis that didn't match her symptoms. It said he also failed to run the right tests and "adequately evaluate [her] status" before discharging her.
Ismael Aguirre tells his story of his wife's death to a Consumer Reports writer.

In the board findings, it said Kurian "later admitted that he never read the nurses' notes documenting [her] three-day history of pain and change in vital signs" and that "doing so would not be part of his custom and practice."

His unresponsiveness was also at issue. The report says that he "remained in his office during the day" and it took almost 10 hours and seven phone calls from nurses and worried family before Kurian went to see her after she was readmitted.

It was four days after giving birth, and she was suffering from high fever and debilitating pain. The report says she died two days later with complications that included infection, kidney failure, and cardiac arrest stemming from the ruptured appendix he failed to diagnose.

Kurian did not admit to all of the board's allegations but chose not to fight any of them.

When asked why Kurian was allowed to continue practicing, Cassandra Hockenson, public affairs manager for the California medical board, declined to discuss the details of any particular case. More generally, the board considers probation "if we believe a physician can continue to practice with conditions and monitoring," she says, adding, "It all boils down to the safety of the consumer."

**Smart Ways to Choose a Doctor**

Many people looking for a new doctor start by asking friends, relatives, or co-workers for recommendations. Though those suggestions may be perfectly good, you still need to do your own research. Here, the steps you should take:

**KNOW YOUR INSURANCE**
A doctor who isn't affordable for you probably isn't Dr. Right. So contact your insurance company and get a list of approved doctors or give your insurer the name of the doctor you are considering. If you're on Medicare, use the Physician Compare tool medicare.gov/physiciancompare to see which doctors accept Medicare.

TIP Don't rely solely on your insurer's website: Doctors frequently add or drop plans, and lists may be out of date. Call the doctor's office and ask.

**SPOT RED FLAGS**

It's not easy to get clear information about your doctor's disciplinary history. But the best place to at least start is docinfo.org, run by the Federation of State Medical Boards, an organization representing state agencies that license and discipline doctors.

TIP If your search results list anything under "Actions," click on the link, which will take you to a state's website. Once there, you will have to dig deeper to find out exactly what the doctor is on probation for. Some sites are easier to use than others, as we found in our analysis of websites in all 50 states. If you're unclear of what to do or how to interpret what you find, call your state medical board.

**LOOK A LITTLE DEEPER**

Does the doctor order the right tests and prescribe the best possible treatments? Are patients seen promptly and treated with respect? Reliable data on those measures are admittedly difficult to find, though physician report cards are becoming more common. If you live in California; Maine; Massachusetts; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; or the Detroit area, you can see Consumer Reports Ratings on physician performance for medical groups in those regions. If not, the nonprofit Informed Patient Institute gathers available online physician report cards and assesses the usefulness of each.

TIP Don't necessarily trust those "Best Doctors" lists in many city or regional magazines or on websites: They can be a measure of reputation, as determined by colleagues, not by quality data, such as how often patients get the best tests or treatments. And be wary of website user reviews when judging quality: It's difficult to know who wrote the reviews (and what their relationship to the physician might be), and doctors often score high ratings based on just a few responses.

**CHECK ON HOSPITAL AFFILIATION**

The doctor you choose can determine which hospital you go to. Your insurance company's website and, for Medicare patients, the Physician Compare tool medicare.gov/physiciancompare should list the doctor's hospital affiliations.

TIP For national results, use Consumer Reports' hospital Ratings to compare medical centers in your area.

**FOLLOW THE CONNECTIONS**
The government now collects information on how much money doctors get from drug and medical device companies. Such payments can be legit, but a physician who receives large payments may be unduly influenced by industry. ProPublica posts that type of payment information.

TIP Also ask the doctor's staff whether the office gets many visits from drug reps. More and more are restricting such sales calls. That's good: They not only can take up a lot of the doctors' time but also may inappropriately influence their choice of drugs.

**CONSIDER COMPATIBILITY**

Use your first appointment with a doctor as a litmus test. Factors to consider: Does the doctor listen without interrupting? Do you feel your questions are fully answered? Does the doctor explain your diagnosis and treatment, and specify a date for a follow-up appointment?

TIP Also ask the front-office staff about the practice's policies. How long must you wait to get an appointment for a routine visit? (Optimum is less than a week.) Are same-day appointments available? Also, evaluate how much time you spent in the waiting room. Is the office staff friendly, efficient, and respectful?

—Steven Findlay

**Raising Red Flags**

When the state medical board puts doctors on probation, it can have little effect on their practice. In fact, the board's imposed terms and penalties sometimes seem crafted specifically to keep a doctor working.

Luis Felix Tincopa-Minan, a family practice doctor in Whittier, Calif., is on probation for repeatedly sexually assaulting a "vulnerable" female patient with "many psychological problems." According to the medical board report, the young woman kept returning to his office in spite of his groping her because she needed her attention deficit hyperactivity disorder and seizure medications refilled. "She was in the exam room alone with him and he locked the door." After he was caught, the report says, Tincopa-Minan first denied it, then said it was consensual yet admitted that it wasn't the first time he'd had sexual contact with a patient.

The state board's solution to that problem, on top of other more pro forma probationary terms, was to require Tincopa-Minan to undergo a psychiatric evaluation and have a chaperone with him when he examines female patients. And he doesn't have to tell his patients why that person is present or that he is on probation for sexual misconduct.

When reached for comment, Tincopa-Minan told us he was too busy working to talk about his probationary status.
The medical board cited her for 13 causes of discipline, saying she was "under the influence of drugs to such an extent as to impair her ability to practice medicine with safety to her patients and the public."

Even in some of the most egregious cases of physicians placed on probation, the punishments meted out by the California state medical board—and sometimes even the criminal justice system—amount to a slap on the wrist. Take the case of pediatrician Yessennia Candelaria and her husband, Efrain Gonzalez, an OB-GYN.

He worked as a cosmetic surgeon, the board's report said, and Candelaria joined him as his anesthesiologist, sometimes providing deep sedation. There were many problems with that arrangement, beginning with the fact that she is neither trained nor certified to offer that level of anesthesia.

On the day in March 2013 when law enforcement agents raided their clinics, the medical board report says, she was visibly impaired, with "extreme body shakes and tremors" on a day that surgeries were scheduled. A search found loose pills in her pocket, syringes in her car, and injectable vials of fentanyl and Demerol in her home bathroom.

Husband and wife were arrested, and Gonzalez surrendered his license to practice medicine. The medical board cited him for more than 100 examples of his negligent and incompetent care—including botched surgeries and allowing staff with no medical training to insert intravenous lines. The board cited Candelaria for 13 causes of discipline, writing that she was "under the
influence of drugs to such an extent as to impair her ability to practice medicine with safety to
her patients and the public."

Gonzalez was sentenced to 90 days in jail and one year of probation for three felonies, including
tax evasion and conspiracy to practice medicine without a license, according to a local news
account. He was also ordered to pay $100,000 to compensate harmed former patients, who
agreed not to sue.

About the same time last spring, the state board lifted Candelaria's temporary suspension and
placed her on probation for seven years but allowed her to continue practicing as a pediatrician if
she adhered to certain terms, including not practicing alone and biological fluid testing. She is
now accepting new patients. She must tell them she is prohibited from providing deep sedation,
though she doesn't have to explain why. Nor does she have to mention her disciplinary history or
drug use. When we called her office, Candelaria declined to comment.

Although the California medical board reports describe the underpinnings of the cases against
doctors, they rarely explain the board's thinking on why it is leveling a particular sanction. To
Harvard's Sabin, the medical ethicist, that is a lost opportunity for more transparency.

"I think it's important to provide the rationale," he says. "A board's finding could range from
permanently taking away the license to requiring someone to take a course in ethics. It ought to
explain why it is doing that."

**COMMENT ON THIS ARTICLE**

Have you had experience with a doctor who you felt engaged in unprofessional doctoring? Tell
us about it in the comments section below. (You can tell us the doctor's specialty, but we don't
need his or her name.)

**BEST AND WORST of State Medical Boards**

If you want to see whether your doctor has been disciplined for bad behavior or shoddy medical
care, and why, you will need to check with your state medical board. Consumer Reports and the
Informed Patient Institute, a nonprofit patient safety group, analyzed the websites of boards in all
50 states to see how complete the information was and how easy they were to use, and rated
them on a 1-to-100 scale. (Martin Schneider, chairman of the board of the Informed Patient
Institute, is also on Consumer Reports’ board of directors.)

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For complete Ratings of all of the boards, plus links to their websites, go to ConsumersUnion.org/safepatientproject

A Pyramid System

Patients who believe they've been harmed or mistreated can file a complaint with their state medical board, which then investigates. If the complaint goes forward, all parties are notified, the case is reviewed, a decision is made, and a hearing is scheduled.

In California, certain kinds of medical malpractice judgments or arbitration agreements against a doctor for more than $30,000 are supposed to be reported to the state board. So, too, any physician convicted of a misdemeanor or charged with a felony-level crime such as unlawfully discharging a firearm (in one case during a dispute over a neighbor's goat) should be reported to the board.
Only a small percentage of complaints result in a sanction against a doctor, according to numbers published in the California board's most recent annual report. There were 8,267 official complaints brought against state doctors in the 2014 to 2015 fiscal year. The board opened cases against 1,381 physicians and surgeons, and reprimanded 86.

An additional 136 were placed on probation and allowed to keep practicing, 14 after serving temporary license suspensions. Forty-five more doctors had their licenses revoked by the board. And 85 others surrendered their licenses before the board made a final ruling.
The disciplinary rate is that low in part because the burden of proof is high. There needs to be "clear and convincing evidence" that a violation has occurred and that it meets the guidelines to move forward, says Kim Kirchmeyer, executive director of the California board.

Other people interpret the numbers differently, including patient advocate Robert E. Oshel, the former official at the NPDB. He says medical boards tend to protect their own. "They're run mostly by doctors, and they are often reluctant to take actions against physicians unless they get a lot of pressure, or if something comes out in the press," he says.

Medical boards have complicated rules that can effectively keep information out of the hands of the public, such as listing a doctor's malpractice cases only if they hit a certain monetary threshold or a doctor has several cases over a period of time, says Consumer Reports' McGiffert. "As a result, a physician may have a long history of malpractice, but it never shows up in his or her public record," she says.

Boards frequently don't discipline physicians unless there are repeat offenses, says William Newkirk, a malpractice attorney in California who represented the family of Cynthia Mora, the patient of Kurian's who died. Newkirk sees an imperfect system limited by the boards' small staffs and modest budgets. For a doctor to be sanctioned, Newkirk says, "the complaint has to be dramatic and the evidence strong."

**WHY DOCTORS Are Put on Probation**

Examples of unprofessional conduct that can warrant disciplinary action by a state medical board:

- Physician abuse of a patient
- Inadequate record keeping
- Failing to meet the standard of care
- Prescribing drugs in excess or without legitimate reason
- Failing to meet continuing medical education requirements
- Dishonesty
- Conviction of a felony
- Delegating the practice of medicine to an unlicensed individual

Minor fee disagreements and poor customer service are not considered unprofessional conduct.

*Source: The Federation of State Medical Boards*

**The Right to Know**

Many of the hundreds of probation decisions from the Medical Board of California we reviewed involve shoddy personal or professional behavior, both blatant and documented. But not every disciplinary case is clear-cut.
Consider Scott Eisenkop, a highly trained surgical oncologist whose probationary report describes his physical limitations following treatment for throat cancer in 1996. Though successful, the chemotherapy and radiation left him with numbness in the face, dry mouth, and hearing loss, making it difficult to communicate with him. Eisenkop also has to take medication for a seizure disorder.

A complaint was filed about Eisenkop over an operation he performed at St. Joseph's Medical Center in Burbank, Calif., in May 2012. At issue was his behavior.

During the board's investigation, a surgical technician assisting on the surgery said he had found Eisenkop to be "confused, incoherent, and disoriented" for several minutes in the midst of a complicated abdominal surgery.

Some of the experts who were called in to evaluate him during the investigation said that Eisenkop could have suffered a seizure.

He disputes that, testifying at his hearing and telling Consumer Reports more recently that it wasn't a seizure at all; he says he was simply conserving his voice for when he needed it most.

In their report, the California medical board members bent over backwards to acknowledge his expertise, writing that Eisenkop "enjoys a reputation as an extraordinary surgeon" and "is dedicated to his profession."

A COMPLICATED CASE
Scott Eisenkop: Surgical Oncologist
The state medical board report says the highly trained surgeon is devoted to his profession, but it also said that the possible effects of his medical condition place at risk "every patient on whom the surgeon operates."

At the same time, the board recognized the potential danger he poses and in 2014 put him on probation for 10 years, concluding that the possible effects of his medical condition place at risk "every patient on whom the surgeon operates." The board decided that Eisenkop could continue practicing medicine only if he continues to get medical evaluation and treatment, limits his work shifts to no more than 10 consecutive hours, and has a backup surgeon with him whenever he serves as the primary surgeon.

But the board did not require him to tell patients of his disorder or that he is on probation. Nor did it tell him to permanently stop operating on patients—even though he's still susceptible to seizures.

Eisenkop says he feels no obligation to share either of those facts with his patients. "No, I don't want to do a disclaimer and say right away, 'This is what I was falsely accused of.' No, thank you," he said in an interview with Consumer Reports. Eisenkop maintains that he is safe to operate so long as he gets enough sleep and takes his medication.

Edythe Preet believes she was entitled to know that information before Eisenkop collaborated with her gynecologist to remove a cyst and both of her ovaries in 2013. The writer from Van Nuys, Calif., is suing Eisenkop and her gynecologist. Her lawsuit alleges that the surgery left her with permanent injuries. The medical center and its board of directors are also named in the suit—for letting Eisenkop perform the surgery even though they were aware of his condition.

Eisenkop says her claims against him are baseless and that nothing went wrong during Preet's surgery.

What really bothers Preet now is how little she knew about Eisenkop before her procedure. Preet's lawsuit alleges that she asked her gynecologist if she could meet Eisenkop before the scheduled operation but was told that he was "too busy."

She says she didn't press the matter or even think to research his record. "I'm of the generation that thinks—thought—of doctors as gods and infallible," she says.

Nor did she know that at the time of her operation a formal complaint against Eisenkop was being investigated by the state medical board.

"Had I known," she told Consumer Reports, "I would not have agreed to have him in the operating room."

READ THE PROBATIONARY settlements ON THESE DOCTORS

Leonard Kurian, Yessennia Candelaria, Luis Felix Tincopa-Minan, Scott Eisenkop
What Makes a Great Doctor?

Many of us yearn for a wise, empathetic doctor who knows us, and our loved ones, inside and out.

Sadly, it's difficult to find a doctor like that even on television these days. And that's a problem: Evidence suggests that we all need good primary care doctors. Patients who see such physicians have reported better overall health and are less likely to die of cancer, heart disease, or stroke; go to the emergency room; or be admitted to the hospital.

Even better, though, is a primary care physician who belongs to a good medical practice. How well a primary care doctor cares for you can depend, in part, on his or her team and the culture they've created.

What does a good practice look like? The Peterson Center on Healthcare and researchers at Stanford University's Clinical Excellence Research Center worked together to answer that question.

First, they collected data from 15,000 U.S. primary care practices. To winnow the list down to the most successful ones, they used 41 accepted quality-of-care measures along with data on healthcare spending. They then sent a team of investigators to a sample of the highest-performing practices to see what set them apart. The most successful ones shared these characteristics:

Joseph Garland, D.O.

Extended Hours SureCare Medical Center in Springboro, Ohio, offers extended hours starting at 7 a.m. during the week and on Saturdays at 8 a.m. Doctors take turns working the late shift and on Saturdays. "Patients know if they call at 7 in the morning that they are going to get seen that
"day," says Joseph Garland, D.O., one of the medical center's six physicians. Knowing that the office opens early helps patients avoid trips to the emergency room, Garland says. "I think patients have to feel that the availability is there," Garland says. "It's part of the culture here."

Two-Way Communication The best practices actively follow up—through phone calls, repeat visits, or emails—to make sure, for example, that patients take their medications as directed and that they are seen soon after they are admitted to the hospital, Garland says. And when patients get care from other providers, physicians follow up with the specialists to get the records, he says.

![James Welters, M.D.](image)

Careful About Overtreating At Northwest Family Physicians in Crystal, Minn., a six-physician office, the emphasis is on spending time with patients and understanding the case, not necessarily rushing to tests. "If a patient has back pain but there's no sign that they need surgery, there's no point in sending them for an MRI before trying medication and physical therapy," explains James Welters, M.D.

Open to Complaints Patient gripes are "as valuable as compliments," according to the Peterson Center-Stanford study. "At most places, complaints go to a manager or a complaint department and die," Welters says. At Northwest Family Physicians, a team of nurses, managers, lab technicians, physicians, and care coordinators meets every few weeks to review all patient comments and complaints.

A Fair Workplace Physicians in high-performing groups were not compensated primarily on how many patients they see—and thus how much money they make for the practice. At Northwest Family Physicians, "we have a quality bonus program," Welters says. If the teams reach certain targets in quality and patient satisfaction, everyone gets a bonus. "That makes it clear that quality of care is everyone's responsibility," he says.

Spend Wisely High-scoring doctor groups tend to avoid expensive, high-tech devices—such as the newest bone density scanner—in part because that can push doctors to order unnecessary tests to recoup the costs of the fancy equipment. Instead, responsible practices focus on the kind of technology that encourages efficiency, such as electronic medical records.

One-Stop Shopping Top practices perform some relatively minor procedures that other practices often refer out, such as skin biopsies and injections for joint pain. They also try to arrange for specialists to come into the office, so they can perform certain exams, such as exercise stress tests, in house.
Like-Minded Specialists, and Only as Needed When they send patients to specialists, they think hard about who they're referring them to. "You want specialists who share your attitude and philosophy," says Nayana Vyas, M.D., of Family Physicians Group in Kissimmee, Fla., so patients don't end up with too much or too little care. Her group also confers with specialists to ensure that patients can avoid problems such as duplicate tests or prescriptions.

A Team Approach Physicians at top practices embrace teams that include an array of healthcare providers, including nurses, nurse practitioners, physician assistants, nutrition counselors, and social workers. "We have a team approach," Vyas says. It's similar at Northwest Family Physicians. "One of our mantras is ‘the doctor can't do it all,'" Welters says. In his office, everyone who sees the patient, from the receptionist on up, asks questions about what patients need. "Someone might come for a sprained ankle, but when they get here we check to see if there is anything else they might need, from lab tests to a flu shot."

—Elizabeth DeVita-Raeburn

Making It Easier to Learn THE TRUTH

Michele Monserratt-Ramos describes how the death of her fiancé turned her into a patient-safety activist.

Michele Monserratt-Ramos decided to volunteer with Consumer Reports’ Safe Patient Project after her fiance, Lloyd Monserratt, died at age 36 from complications following gallbladder removal and bariatric surgery. Ramos later learned that Lloyd’s surgeon had a history of arrests, including for possession of crack cocaine.

She also learned that California’s medical board at the time had a program for doctors with substance-abuse problems, which allowed them to keep their addictions private, provided they enrolled in a recovery program.
Angered that doctors with that kind of history could remain hidden and still practice, Ramos worked with others in the state to change that policy, something that finally happened after years of lobbying. Doctors with a history of substance abuse can now be found on the board’s website, along with other actions. “It’s progress,” Monserratt-Ramos says. “But it’s still too hard for patients to find out whether their doctor is really safe.” She points out that most consumers don’t know about those boards or how to navigate their complicated websites.

That’s why she’s now working with other Safe Patient Project activists in California and across the country to make it easier for patients to learn about their doctors’ disciplinary history.

Those efforts are focusing on five areas:

- Doctors on probation should be required to tell patients that they are being disciplined and explain why.
- The state medical boards, where consumers must go to file complaints about doctors or investigate their records, should present information in a clear, consistent way, including plain-language summaries of why doctors are on probation.
- State medical boards should include more consumer representatives. They are now dominated by physicians.
- State boards should be more aggressive in pulling the licenses of doctors who are clearly a danger to patients.
- The National Practitioner Data Bank, a federal repository that includes disciplinary actions taken by state boards, hospitals, and other healthcare agencies as well as malpractice payments, should be open to the public.

Learn more about Consumer Reports' efforts to protect patients by visiting our Safe Patient Project website.

Support Our Work on Patient Safety

Consumer Reports is an expert, independent, nonprofit organization whose mission is to work for a fair, just, and safe marketplace for all consumers, and to empower consumers to protect themselves.