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Seasons of Haloa, State Department of Health - Office of Health Parity, PO Box 3378, Honolulu, Hawai`i 96801. 18 minutes

Mauli Ola, State Department of Health - Office of Health Parity, PO Box 3378, Honolulu, Hawai`i 96801. 14 minutes

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(4) Community and Nation Building:

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(5) Healthy Living:

On-Target - E Ola Pono Kakou, Juniroa Productions, Inc. (a 13-part series targeting local families), Queen Emma Foundation, Papa Ola Lokahi, Kaiser Permanente, Hawaii Medical Services Association, and the Office of Hawaiian Affairs, Juniroa Productions, Inc., 928 Nu`uanu Avenue, Honolulu, Hawai`i 96817 (1996). 45 minutes each

1) *Heart Aches...Who Needs them?*
2) *What Men Need to Know: Prostate Cancer*
3) *Breast Assured: Detect Early Cancer*
4) *Love Your Lungs: You Need Them*
5) *Raising Kids*
6) *Exercise 4 Your Health*
7) *Teen Health*
8) *Eating Right*
9) *Attention Pregnant Women: Wellness for Mom and Baby*
10) *Mental Health - Are You Crazy about Life?*
11) *Diabetes - Living the Sweet Life*
12) *Don't Stress*
13) *Kupuna Health - Treasuring the Senior Years*

Tab C

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 31, 2001

Ms. Laura Aho
President
Reflexology Association of America
4012 Rainbow Ste K-PMB#585
Las Vegas, NV 89103-2059

Dear Ms. Aho:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by **February 13, 2001**, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. Are there national educational standards for reflexology undergraduate, postgraduate, and continuing education? Should those national educational standards include exposure to conventional or western medicine as well as CAM other than reflexology?
2. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
3. Should the numerous bodywork organizations come together to form "a community?" If so, how and by whom should that "community" be formed?
4. Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?

5. Are your members concerned about malpractice liability associated with providing CAM practices and products?
6. Are there any risks associated with CAM that may be of concern to your members? If so, can you suggest ways to minimize those risks?
7. Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?
8. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
9. What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Thank you for your invaluable assistance. Please send your written comments to Dr. Joseph M. Kaczmarczyk (e-mail: KaczmaJo@mail.nih.gov, fax: 301.480.1691, phone: 301.435.6197 or 7592), and contact him with any questions you may have.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Reflexology Association of America
February 2001

1. **Are there national educational standards for reflexology undergraduate, postgraduate, and continuing education?**

For a decade the American Reflexology Certification Board has set professional-level skills which have been embraced by the Reflexology community across the US. Standards for continuing education are currently being explored.

Should those national educational standards include exposure to conventional or western medicine as well as CAM other than reflexology?

Yes, to the degree that educated referrals can be made to appropriate practitioners when warranted.

2. **Should there be national standards or certification to provide CAM practices and products?**

Yes, and national certification has been established within reflexology.

If so, how and by whom should national standards or certification be established.

By the individual profession as reflexology, massage and Oriental therapies have done.

To whom should they apply, and how should they be implemented?

Standards and certification should apply to anyone who receives financial compensation for his or her services. Implementation should be by a profession through self-regulation via a national certification program that includes registration of certificants for referrals with certificants practicing according to the Code of Ethics and Business Standards set by the certification body of each profession.

3. **Should the numerous bodywork organizations come together to form "a community?"**

Yes, a "community" could be formed for dialog and communication purposes between disciplines. In the "community" representation, proportioned along the lines of the US Senate, would allow for an equal number of delegates from each broad modality and equal representation.

If so, how and by whom should that "community" be formed?

See the attached model for a "Somatic Therapies Executive Board".

4. **Should there be condition-specific or modality-specific practice guidelines and why or why not?**

Each aspects of this question should be determined by the individual professions in the field..

If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?

Guidelines should apply to anyone who receives financial compensation for his or her services. Implementation should be by each profession through self-regulation via their national certification program.

5. **Are your members concerned about malpractice liability associated with providing CAM practices and products?**

Since liability insurance is used by modalities with invasive techniques, those in non-invasive modalities, such as reflexology, are aware of the issue. Because there is potentially little or no proven harm as a result of non-invasive therapies, and reflexology specifically, our members question that there are significant risk factors to warrant the widespread use of malpractice liability insurance.

6. **Are there any risks associated with CAM that may be of concern to your members?**

No.

If so, can you suggest ways to minimize those risks?

7. **Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products?**

Yes.

If so, what should that mechanism be?

The mechanism to address consumer concerns or grievances about quality of CAM practices should be through grievance boards with arbitration within each discipline. If a complaint is not resolved within the profession, then it can be taken to a grievance committee of the Executive Board as suggested in the model attached.

8. **What information should conventional health care providers communicate to a CAM practitioner?**

When making a referral, with the consumer's permission, the health care provider should share with the CAM practitioner what has transpired between the consumer and healthcare provider, how the consumer was treated, and the specific reason the healthcare provider is making the referral.

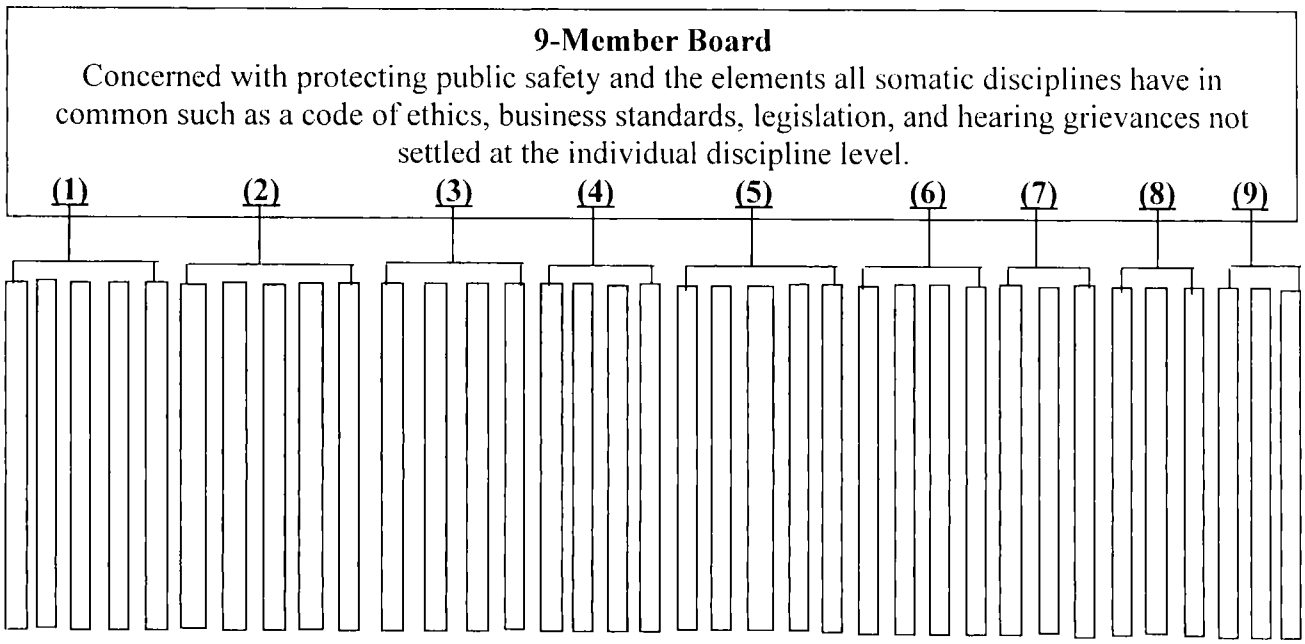
What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?

When making a referral, with the consumer's permission, the CAM practitioner should share with the health care provider what has transpired between the consumer and CAM practitioner, how the consumer's complaints were addressed, and the specific reason the CAM provider is making the referral.

9. **What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?**

Education of CAM practitioners is the key to quality of CAM practices. Education of the public and conventional health care practitioners also provides a bases for reasonable expectations on the part of the consumer and conventional practitioner.

Somatic Therapies Executive Board



- The various disciplines in the somatic therapies (bodywork) field would be divided into nine broad categories based on similarity of philosophical approach, techniques, or areas of the body worked:

(1) Deep Tissue Work [e.g. Hellerwork, Trager, Myotherapy, Rolfing, Neuromuscular, etc.]
(2) Massage [e.g. Swedish, Esalen, Geriatric, Pregnancy, etc.]
(3) Oriental Bodywork [e.g. Acupressure, Shiatsu, Thai massage, Jin Shin Do, etc.]
(4) Movement Education [e.g. Alexander Technique, Polaties, Feldenkreis, Yoga, etc.]
(5) Reflex work [e.g. Foot, Hand or Ear Reflexology, Zone Therapy, Attunement Therapy, etc.]
(6) Energy Work [e.g. Reiki, Polarity, Zero Balancing, Therapeutic Touch, etc.]
(7) Applied Kinesology [e.g. Touch for Health, Three-in-One, One Brain, etc.]
(8) Psycho-Somatic work [e.g. Pesso system, Somato-emotional release, Humanistic psychology, etc.]
(9) The Unaffiliated [a modality or individual's work that does not reasonably fit in a category above]

- Elected representative from the nine categories would form the Executive Board. A Board larger than nine members, while desirable, would probably be unwieldy.

- Each category would have equally representation on the Board (one member with one vote). The professional organizations within a category are responsible for determining, through the voting of its members, the person who will represent the entire category on the Board.

- Each modality within a category would be responsible for developing standards in education, certification, and anything else it sees as specifically impacting its discipline. It is also the responsibility of each organization within a category to represent and work with the other organizations in their field openly, honestly and fairly.

- Practitioners without an organization within their discipline who would like to participate would join a caucus of Unaffiliates (Category 9) which would have one vote.

- In the future, emerging disciplines would choose what category they wish to be aligned with based on commonality of approach and apply for inclusion.

Discussion Group IV
Tab C: Reflexology

I am writing in response to the email sent to RAA and I guess NEAR as well;(Reflexology Association of America and New England Association of Reflexology) As the founder and past president of NEAR and the treasurer of RAA and an instructor and practitioner of Reflexology for 25 years I am pleased to see our modality receiving recognition on a National level. Thank you for your consideration.

1. The American Reflexology Certification Board which has been in existence from the early 90's sets the National Standard. At present a certified practitioner is required to study a minimum of 200 hours and receive certification from their school before the reflexologist can sit for the national board. This board deals strictly with reflexology and does not dilute the efficiency of this modality with any other CAM. We all feel rather strongly in allowing each modality to keep it's identity--a massage therapist is not a reflexologist is not a polarity therapist is not a reiki practitioner is not an aromatherapist etc. Some schools, such as mine do provide continuing education for our graduates--this is important as a practitioner is always learning in this field

2. Again this should be left to the professionals in each field as we do know what standards are necessary for credibility in our modalities. A board established by professionals in each area is a way to moniter each profession.

3. Communication between body workers is always good, however a "community" of body workers cannot be a governed body but rather an idea which grows receptively. A conference of organizatons which allows all modalities an equal voice and representation may be a future veihcle--perhaps a newsletter or some written review first, then perhaps a panel discussion or two or three and then move on to a conference. I will continue this response after my class

valerie voner
new england institute of reflexology

Tab D

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 30, 2001

Theresa Blanding
Executive Director
Rolf Institute
205 Canyon Boulevard
Boulder, CO 80302

Dear Ms. Blanding:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by **February 13, 2001**, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. Are there national educational standards for Rolf undergraduate, postgraduate, and continuing education? Should those national educational standards include exposure to conventional or western medicine as well as CAM other than polarity therapy?
2. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
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Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

1. Are there national educational standards for Rolf undergraduate, postgraduate, and continuing education? Should those national educational standards include exposure to conventional or western medicine as well as CAM other than polarity therapy?

Rolfing is a somatic therapy that is in the category of structural integration. This type of therapy is characterized as connective tissue manipulation and education, usually done in a series of sessions designed to reorganize and integrate the human structure.

The Rolf Institute, an international organization, certifies individuals in Rolfing Structural Integration. We have Basic, Intermediate, and Advanced levels of training, as well as Continuing Education. We have a documented curriculum, consistent in all our trainings.

There are other schools of structural integration whose trainings have some similarities to ours as well as significant differences. At this time, there are no national standards among the schools of structural integration. In many states, structural integration is regulated under the massage therapy laws although this therapy is different from what is typically viewed as massage.

We are unclear about what "exposure to conventional or western medicine as well as CAM" means. How extensive an exposure is intended? Certainly a discussion of other modalities with regard to appropriate referral would be useful.

2. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?

Some type of general national standards could be useful, as there are for massage and acupuncture. Some states have requirements that include the national tests for those modalities. The standards should be created by individuals who are trained in that modality, perhaps by a panel that is elected or appointed to start. There may be subgroups within some categories. For example, there may be a large category of Somatic Therapy, with subgroups including structural integration, movement therapies, energetic bodywork, etc.

3. Should the numerous CAM bodywork organizations come together to form "a community?" If so, how and by whom should that "community" be formed?

It depends on the definition and purpose of community. There do already exist organizations that represent different aspects of our community, i.e. ISMETA FOR Movement Educators, AMTA FOR Massage Therapy, The Federation of Massage Therapy, Bodywork and Somatic Practice for Specialty Organizations (The Rolf Institute was a founding member). In addition, the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) aspires and is increasingly recognized as the credentialing organization within the bodywork field.

4. Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?

Should there be condition-specific or modality-specific practice guidelines? Not in this case. It has been one of the traditional tenants of Rolfing that we do not "fix" specific problems, but focus on the more holistic goal of structural integration. In practice, this means that although many if not most of our clients come to us motivated by specific complaints, lasting relief from those complaints usually requires addressing the client's entire structure. These holistic goals would be the same regardless of the condition motivating the client to seek Rolfing. Traditionally these goals are addressed in a series of ten sessions, but may require fewer or more sessions.

5. Are your members concerned about malpractice liability associated with providing CAM practices and products?

First, the Rolf Institute by-laws prohibit members from selling products to clients. Malpractice liability is always an issue in our litigious world. However, it has not been an issue, which Rolf Institute member have asked for specific guidance or solutions from our Board or Administration.

6. Are there any risks associated with CAM that may be of concern to your members? If so, can you suggest ways to minimize those risks?

Issues that I have heard mentioned relate to quality control, credentialing, diagnostic approaches, and the efficacy of particular interfaces between modalities. A way to minimize risks at this time, outside of some form of comprehensive regulation, is to encourage the education of organizations about one another, the services they provide and the training of their practitioners. You mentioned "community' in question #3. This is where having forums for representatives of different organizations to attend could be helpful. Fostering a dialogue will remove some of the mystery and potential distrust that seem to remain present between organizations and healing approaches.

7. Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?

Since we don't sell products, I am reluctant to comment before researching the topic more thoroughly. Regarding CAM practices, I would see a beginning step to encourage individual training and membership organizations to establish ethics and hearing protocols and procedures. This could be started with NIH supported guidelines on content and process. This could ultimately be tied to credentialing or certification at the state or national level. There would probably need to be work defining standards and scope of practice.

8. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?

The most important thing a conventional health care provider can provide to a CAM provider about a mutual client is that an appropriate work up from an Allopathic perspective has been done.

This would, for example, enable a Rolfer to address a client's back pain complaints from a musculoskeletal perspective without lingering concerns about an occult spinal metastasis or other pathology. A CAM provider, conversely, should either directly or via their mutual client, at least acknowledge their relationship and the nature of the intervention provided to the client's conventional provider. Unfortunately, several studies have shown that this is not being done in the majority of instances.

9. What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Government agencies and other providers need to seek out representatives/organizations of CAM providers and form alliances to assure the quality of CAM providers and products. The Rolf Institute, for instance, is the original and pre-eminent school of structural integration, but we are now one of many such schools. At this time there is no one organization that can assure the quality of all structural integration practitioners via some kind of certification. If a government agency, hopefully in conjunction with an organization like the Rolf Institute that has expertise in the field, does not step in to create such a standard, one will eventually be established by one or more of the organizations listed in number three.

Tab E

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 31, 2001

John E. Upledger, DO, OMM
Founder
Upledger Institute, Inc.
11211 Prosperity Farms Road-Suite D-325
Palm Beach Gardens, FL 33410-3487

Dear Dr. Upledger:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by **February 13, 2001**, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. Are there national educational standards for CranioSacral Therapy undergraduate, postgraduate, and continuing education? Should those national educational standards include exposure to conventional or western medicine as well as CAM other than CranioSacral Therapy?
2. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
3. Should the numerous bodywork organizations come together to form "a community?" If so, how and by whom should that "community" be formed?
4. Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?

5. Are your members concerned about malpractice liability associated with providing CAM practices and products?
6. Are there any risks associated with CAM that may be of concern to your members? If so, can you suggest ways to minimize those risks?
7. Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?
8. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
9. What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Thank you for your invaluable assistance. Please send your written comments to Joseph M. Kaczmarczyk, DO, MPH (e-mail: KaczmaJo@mail.nih.gov, fax: 301.480.1691, phone: 301.435.6197 or 7592), and contact him with any questions you may have.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

From: Alena Bybee [mailto:ALENA@upledger.com]
February 13, 2001

Thank you for the invitation to contribute input to the White House Commission on Complementary and Alternative Medicine Policy. I am addressing each of the posed questions, per your request.

1) There are not, as yet, national educational standards for CranioSacral Therapy (CST). We are presently in the midst of a certification program that is composed of two qualification levels, CST-Technician and CST-Diplomate. Both levels require satisfactory completion of open book essay exams, closed book objective exams and practical exams that require hands-on evaluation and treatment of volunteer patients. In addition, the diplomate level requires the submission of ten written case histories taken from the practices of the candidates.

At present, we have 43 CST-Diplomates, 163 CST-Technicians and there are 1163 candidates in process. We are developing an educational base for CST practitioners. At present we require that training enrollees are legally able to practice some form of healthcare. We allow exceptions to this rule if the applicants for training have special circumstances, such as a child suffering from cerebral palsy, seizure disorders, etc. and are learning simple CST techniques that they can use on their child at home on a regular basis.

2) I do not believe that we are ready for national standards, as yet. I have not had the time to consider how and when national regulatory agencies should be implemented, if at all. Sorry.

3) I believe that we should allow nature to take its course. At present there are communities and alliances being formed by organizations by their own volition. To regulate from a central office at this time would probably inhibit some of the creative improvements in approaches that are presently in progress.

4) No, for the same reason as # 3 above. This kind of control would inhibit rich, creative progress.

5) No, not to my knowledge.

6) CST is essentially risk-free.

7) I believe that the problem of consumer concerns might be addressed effectively by consumer protection agencies. At present we have educated, at the beginning level of CST, over 60,000 practitioners worldwide. Thus far we have become aware of only a few complaints, none of which have been serious enough to become lawsuits. In my

opinion, CST by its very nature fosters good therapist-client relationships. Therefore, the risks of malpractice are minimal.

8) I believe that mutual sharing of information between conventional and CAM providers would benefit the consumer. We must all learn to offer our services symbiotically.

9) Probably each CAM specialty should police itself for quality of service. Regarding quality of products this should probably be carried out on a federal level but this is only for truth in labeling, etc. I do not suggest that the FDA control nutritional supplements, etc. This interferes with personal freedom.

Tab F

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 29, 2001

Terry A. Rondberg, DC
President, World Chiropractic Alliance
2950 North Dobson Road-Suite 1
Chandler, AZ 85224

Dear Dr. Rondberg:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by **February 13, 2001**, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. Are there national educational standards for chiropractic undergraduate, postgraduate, and continuing education? Should those national educational standards include exposure to conventional or western medicine as well as CAM?
2. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
3. Should the numerous chiropractic organizations come together to form "a community?" If so, how and by whom should that "community" be formed?
4. Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
5. Are your members concerned about malpractice liability associated with providing CAM practices and products?

6. Are there any risks associated with CAM that may be of concern to your members? If so, can you suggest ways to minimize those risks?
7. Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?
8. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
9. What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Thank you for your invaluable assistance. Please send your written comments to Dr. Joseph M. Kaczmarczyk (e-mail: KaczmaJo@mail.nih.gov, fax: 301.480.1691, phone: 301.435.6197 or 7592), and contact him with any questions you may have.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Here is the written material from the World Chiropractic Alliance for your review.

Please note that Dr. Rondberg is going to send copies of the referenced Parker College catalogue to the WHCCAMP staff office. Subsequently, these catalogues will be distributed to you.

-----Original Message-----

Dear Dr. Kaczmarczyk;

Thank you for the opportunity to respond to your questions.

1. All chiropractic colleges in the United States require four academic years of study to qualify for the Doctor of Chiropractic degree. A minimum of two years of pre-professional study is required for admission to chiropractic college.

The Council on Chiropractic Education accredits all chiropractic colleges currently operating in the United States. Many chiropractic colleges are also regionally accredited.

Most states require continuing education for license renewal. There are currently no national standards for these programs. Each state requiring continuing education for license renewal sets its own standards.

Chiropractic education includes training in the basic and clinical sciences. For a representative sample of a chiropractic curriculum, a catalog from the Parker College of Chiropractic is enclosed.

2. Each state has it's own standards for licensure. The National Board of Chiropractic Examiners (http://www.nbce.org) offers a four part national examination, which is accepted for licensure in most states. This examination has been criticized because it tests in areas not included in the scope of practice in many states.

A serious problem for many practitioners is the difficulty encountered when a chiropractor relocates in another state and seeks licensure. WCA supports licensure by endorsement for chiropractors in good standing.

3. The WCA has proposed a plan for unified action by the various national chiropractic organizations. The plan calls for agreement on five issues. For a discussion of the WCA plan for unified action, see "WCA calls for intraprofessional cooperation," in the December 2000 issue The Chiropractic Journal. World Chiropractic Alliance Legislative Policy Statement
In order to protect the interests of thousands of chiropractors and their patients, it is the position of the World Chiropractic Alliance that proposals regarding chiropractic submitted to any legislative or administrative body in the United States, must include the following provisions:

*** Explicit inclusion of chiropractic for the detection, correction and management of vertebral

subluxation;

*** Recognition of vertebral subluxation as a reason for chiropractic care;

*** Exclusion of drugs and surgery or any mandate for medical diagnosis; and

*** Direct access to chiropractic care, without referral by any other provider.

*** Participation in covered program is open to any willing licensed chiropractor.

It is not the intent of the World Chiropractic Alliance to exclude other services performed by some chiropractors. Therefore, it will not oppose the inclusion of additional provisions once these minimal requirements are met. The World Chiropractic Alliance may be compelled to oppose the passage or implementation of any proposal which does not comply with these five specified provisions.

4. Chiropractic is a profession, not a procedure. Adjustment of vertebral subluxation is a unique service not offered by other providers. It cannot be equated with spinal manipulation.

Correction of vertebral subluxation is designed to correct interference with the function of the nervous system, allowing the body to express it's innate potential. Therefore, chiropractic is concerned more with quality-of-life issues than it is with the treatment of specific medical conditions.

The Council on Chiropractic Practice produced a clinical practice guideline, Vertebral Subluxation in Chiropractic Practice. The Guideline addresses the best available evidence for the diagnosis, analysis, correction, and management of vertebral subluxation.

The WCA considers this approach more appropriate for the chiropractic profession than guidelines, which address specific medical conditions or treatment modalities.

The CCP approach recognizes that chiropractors may use a variety of techniques and assessment procedures to achieve a clinical objective. The Guideline encourages the use of the best available evidence in clinical decision-making.

A copy of Vertebral Subluxation in Chiropractic Practice may be found and read at no charge at our web site in PDF format. 15 copies were supplied by to the Commission by Christopher Kent, DC, in conjunction with his presentation at the New York Town Hall Meeting. (http://www.worldchiropracticalliance.org/resources/downloadable.htm)

5. Chiropractors are concerned about malpractice liability issues. The CBS Malpractice Prevention Program produced by Chiropractic Benefit Services, discusses professional liability issues facing the chiropractic profession. Please feel free to view this entire book in PDF format at: http://www.worldchiropracticalliance.org/resources/downloadable.htm

6. Chapter 9 of Vertebral Subluxation in Chiropractic Practice is concerned with patient safety issues.

7. Consumer concerns and state regulatory boards generally address grievances. Professional associations hold potential for dealing with these issues, avoiding the involvement of licensing boards with grievances, which do not warrant disciplinary action.

8. A medical practitioner should supply a chiropractor with any requested information, which could affect the chiropractor's determination of the safety and appropriateness of chiropractic care. A chiropractor should supply a medical practitioner with information concerning the diagnosis, analysis, correction and management of vertebral subluxation. Imaging studies should be freely shared both ways.

9. To ensure safety and quality, it is important for various practitioners to recognize each other's expertise. Specifically, only a chiropractor is qualified to determine the safety and appropriateness of chiropractic care for a patient. Medical practitioners are not qualified to do so.

Similarly, chiropractors should not encroach on the practice of medicine by attempting to perform whole body diagnostic procedures, or medical treatments. Mutual respect, avoidance of "turf" wars, and the highest quality of patient care are the natural results of such an approach.

Thank you for the opportunity to respond to your questions. If you require any additional information, please feel free to contact me by e-mail www.tarondberg@home.com or phone 1-800-347-1011.

Sincerely,

Terry A Rondberg, DC
President, World Chiropractic Alliance

Tab G

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

February 3, 2001

Executive Director
Yoga Alliance
120 South Third Avenue
West Reading, PA 19611

Dear Executive Director:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by **February 13, 2001**, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. Are there national educational standards for yoga undergraduate, postgraduate, and continuing education? Should those national educational standards include exposure to conventional or western medicine as well as CAM other than yoga?

2. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?

3. Should the numerous yoga come together to form "a community?" If so, how and by whom should that "community" be formed?

4. Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?

5. Are your members concerned about malpractice liability associated with providing CAM practices and products?

6. Are there any risks associated with CAM that may be of concern to your members? If so, can you suggest ways to minimize those risks?
7. Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?
8. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
9. What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Thank you for your invaluable assistance. Please send your written comments to Dr. Joseph M. Kaczmarczyk (e-mail: KaczmaJo@mail.nih.gov, fax: 301.480.1691, phone: 301.435.6197 or 7592), and contact him with any questions you may have.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Regarding the letter sent to us with the questions formulated by the Commissions deliberations, we are attaching the information we distribute about Yoga Alliance: its history, mission and purpose. Also attached are copies of our applications which clearly define the minimum standards of education agreed upon by the only consensus of diverse yoga schools and teachers in the USA today. The Yoga Alliance, in keeping with yoga's teaching, is a voluntary registry. As such it is a consensus of yoga schools, teachers and organizations who choose to participate. Therefore we do not necessarily represent all yoga schools teachers and organizations as some may not choose to register.

Please be advised that Yoga alliance is a non profit organization staffed primarily by volunteers who also run their own schools. The task of answering all of the questions the Commission asks requires deliberation by our Board of Directors and while we have made a start, we need more time to answer all the questions. After reviewing this correspondence, you would like us to continue to answer your questions, notify us and we can put that on the agenda for our next Board meeting in March.

Following are our answers to the first three questions asked:

1. Yoga Alliance published minimum standards of education at the 200hr and 500hr level in August 1999. The Board of Directors and the Standards Committee are currently working on the requirements for continuing education
credit. The standards for both levels include requirements for the study of anatomy and physiology as it pertains to teaching yoga. We do not acknowledge, for the purposes of our registry, other alternative modalities. We do not
require, nor do we believe we should require, exposure to Western Medicine and/or CAM to be a yoga teacher.

2. Yoga Alliance has no position at this time about standards and certification for CAM. This topic can be answered more fully in the future, giving us more time to formulate our answer.

3. As explained more fully in the attachments, Yoga Alliance is the result of diverse yogis endeavoring to form a more organized community supporting all traditions. Unity in Yoga, an organization some 20 years working to that end, merged with Yoga Alliance ad hoc committee after 2 years of working on setting education standards for the yoga community in the USA. The results of this merger are what we have today in Yoga Alliance.

Please review the attached material (R.Y.T. application and R.Y.S. application will be attached to separate emails) for a much more complete description of Yoga Alliance and our work. Thank you for contacting us. Our next Board meeting is scheduled for March 2-4, 2001. Again, we will gladly include the remaining questions on our agenda if this information presented is not sufficient.

Yogamaya, Administrator for Yoga Alliance

Yoga Alliance

Providing support, standards and recognition for Yoga Professionals

Dear Yoga Teacher,

You are invited to become a Registered Yoga Teacher (RYT) in the Yoga Alliance's national Yoga Teacher Registry. The Registry is not a certification program; rather, it is a listing of yoga teachers whose training and experience meets certain minimum standards (see the back of this page).

The Registry differentiates two levels of training: a 200-hour level and a 500-hour level. You can qualify in one of two ways:

1. By having completed a yoga teacher training program at a school that is on the Registry list, or
2. By documenting equivalent training through a school not on the Registry list, or through independent study and/or teaching experience.

Yoga Alliance, the diverse group of yoga teachers who have developed the standards for the Registry, is making every effort to inform the public of the Registry. Yoga Alliance will also provide networking and support for all yoga teachers, registered or not. We invite your participation and comments.

:gister, please fill out the appropriate portion of this application and return it with the registration fee to the .ress below. Allow 6-8 weeks for the processing of your application.

Namaste,

Board of Directors

President-Rama Berch, Master Yoga Academy
Vice-President-Hari Kaur Khalsa, 3HO Foundation
Vice-President-John Willey, Kripalu Center
President Emeritus of Unity in Yoga- Pat Hansen, Rocky Mt. Inst. for Yoga & Ayurveda
Secretary-Sharon Staubach, Yoga Teachers of Colorado
Treasurer-Gloria Goldberg, B.K.S. Iyengar Yoga Associations
Board Member-Rich McCord, Ananda Village
Board Member-Martin Pincus, Innergyoga (Independent)
Board Member-Swami Ramananda, Integral Yoga

Yoga Alliance
Yoga Teachers Registry

120 South Third Avenue West Reading, PA 19611
610.376.4421 or 877.YOGA-ALL (964-2255)
E-mail: info@yogaalliance.org

STANDARDS FOR R.Y.T'S
REGISTERED YOGA TEACHERS

200-Hour Level

Techniques		100 hours
Teaching Methodology		20 hours
Anatomy and Physiology		20 hours
Philosophy/Ethics/Lifestyle		20 hours
Practicum		10 hours
Electives		30 hours
Contact Hours	minimum	160 hours

500-Hour Level

(Note: this is not in addition to the 200-Hour Level)

Techniques		150 hours
Teaching Methodology		30 hours
Anatomy and Physiology		35 hours
Philosophy/Ethics/Lifestyle		50 hours
Practicum		40 hours
Electives		195 hours
Contact Hours	minimum	350 hours
Teaching Experience		100 hours

(in addition to the training hours listed above)

Definitions:

Techniques	Includes asanas, pranayamas, kriyas, chanting, and meditation. Hours in this category include both training in the techniques and practice of them.
Teaching Methodology	Principles of demonstration, observation, assisting/correcting, instruction, teaching styles, qualities of a teacher and the student's process of learning.
Anatomy and Physiology	Includes both physical anatomy and physiology (bodily systems, organs, etc.) and astral/energy/subtle anatomy and physiology (chakras, nadis, etc.)
Philosophy/Ethics/Lifestyle	Study of yoga scriptures (Yoga Sutras, Bhagavad Gita, etc.), ethics for yoga teachers, 'living the life of the yogi', etc.
Practicum	Includes student teaching as well as observing and assisting in classes taught by others. Hours are a combination of supervised and unsupervised.
Electives	Electives are drawn from the above categories. These hours do not necessarily represent student electives: the hours may be used according to a school's own particular emphasis.
Contact Hours	The teacher trainer is physically in the presence of the student. Non-contact or independent study hours can include: assigned reading or other homework, non- supervised study groups, observing yoga classes, etc.

STATEMENT OF PURPOSE

Vision

Yoga Alliance is a voluntary alliance of diverse yoga organizations and individual yoga teachers dedicated to uphold the integrity of yoga, establish voluntary national standards for yoga teachers, and provide support for yoga professionals in the United States.

Mission

Yoga Alliance is a forum for yoga schools of all traditions, teacher organizations, and independent yoga professionals. Yoga Alliance provides a vehicle for those who teach unity to come together in unity, while supporting the diversity that exists within the yoga community.

Yoga Alliance is a self-regulating organization that provides support services to all yoga professionals, establishes and disseminates standards for the education of yoga teachers, and maintains a national registry of teachers who meet those standards. Yoga Alliance does not define what yoga is and does not offer classes in yoga or teacher training.

Yoga Alliance brings together the community of yoga professionals with organizations that provide health care, medical and human services, stress management, and spiritual support to the public.

Yoga Alliance actively works to:

- exercise our right as yoga professionals to regulate ourselves
- provide business support to yoga professionals
- maintain a national registry of Yoga Teachers and schools who meet the Alliance's recommended educational standards
- grant the use of Alliance Registry Marks to registered teachers and schools
- educate yoga and other organizations and the public about Yoga Alliance Registry Mark
- educate the public about the benefits of yoga
- foster networking and mutual support among yoga professionals
- facilitate access to information on therapeutic yoga applications
- identify the needs and design methods and programs to nurture the professional yoga community

APPLICATION FOR R.Y.T.'S REGISTERED YOGA TEACHERS

1) Please read the entire application and all instructions carefully. We have tried to make it as clear and easy as possible.
2) Print clearly to make it easy for us! Completely fill out the appropriate sections. Use additional paper as necessary.
3) Your application can not be processed with incomplete information. If you need assistance, please call us at 877-964-2255. Thank you. Namaste.

CONTACT INFORMATION

YOUR NAME:

_____

First Middle Last

MAILING ADDRESS:

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: ( ) _____ WORK PHONE: ( ) _____

E-MAIL ADDRESS: _____ WEBSITE: _____

PERSONAL INFORMATION

The following information is how you will be listed in the Registry on our web site and in our directory.

Please only name styles you have been qualified to teach by certification.

What primary style(s) of yoga do you teach? (Use 'multi style' if not qualified by certification)

_____

Do you teach in any language other than English and if so, what? _____

Indicate which techniques you include in your classes:

❒ Asana ❒ Pranayama ❒ Meditation ❒ Chanting ❒ Kriyas

❒ Other techniques _____

The following questions are optional, and will help us design programs to support and serve you:

Are you currently teaching (circle one) part-time full-time

Would you like to be teaching (circle one) part-time full-time

What kind of setting do you teach in (circle answers):

Adult Ed	Own Home	Sports Medicine Facility
Corporation	Hospital/Nursing Home	University/School
Health Club	One-on-One	Yoga Studio

Level of Registry

Check only one box below, indicating your level (200-hour or 500-hour), and how you have completed your education as a yoga teacher (for the purposes of Registering). Then complete only the pages indicated by the item you have checked:

200-Hour Level

If your training is: (Check the one that applies):

- ❑ Formal Training from a Registered School, **complete Section A**
- ❑ Through Independent Study and/or teaching experience or through Formal Training at a school not on the Registry list, **complete Section B**

500-Hour Level

If your training is: (Check the one that applies):

- ❑ Formal Teacher Training from a Registered School, **complete Section C**
- ❑ Formal Teacher Training from a school not on the Registry list OR Formal Training from up to 3 different schools, **complete Section D**
- ❑ Grandfathering: If you taught for 5,000 hours or more, **complete Section E**

Ethical Standards and Continuing Education

Yoga Alliance expects Registered Yoga Teachers (R.Y.T.) to live up to the highest ethical standards. In addition, we believe that successful yoga teaching requires continued learning and renewal. We have therefore adopted a general policy for continuing education: R.Y.T.'s are required to be actively engaged in formal professional training and development of their skills as a yoga teacher every year. Specific continuing education requirements are being designed and will be detailed in upcoming publications. With the annual renewal form, R.Y.T.'s will be required to submit records of their continuing education. Yoga Alliance retains the right to design and change Registry requirements to evolve and advance the quality denoted by its Registry Mark.

Legal Agreement

Once approved, you are granted for one year the limited non-exclusive use of a level-specific registration mark and the initials "R.Y.T." (Registered Yoga Teacher) after your name (together referred to as "Registry Mark"). These indicate to the public that you meet Yoga Alliance and Registered Yoga Teachers' minimum educational standards as of the date of granting your use of the Registry Mark. At any time that you no longer meet any one or more of said requirements, it is your responsibility to inform Yoga Alliance. Yoga Alliance retains the right to review your credentials, request updated information, and revoke your right to use the Registry Mark at any time.

I certify that I meet the minimum educational standards for the level for which I am applying. The above information is true to the best of my knowledge. I hereby agree to meet the conditions set forth above for use of the Registry Mark and to be listed as a Registered Yoga Teacher. I understand that falsification of any above information will result in revocation of these privileges.

Signature: _____ Date: _____

Approved by Yoga Alliance _____ Date: _____

Return completed application and Registry fee to:
Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

Section A: 200 hour Registration

Formal Training by a Registered School

Complete this form if you have completed your 200-hour Teacher Training course at a Registered School (Check with your School to see if they are a Registered School).

1) Complete the following information:

Name of School_____ Completion Date_____

2) Attach a copy of your certificate or other proof of completion.

TO COMPLETE YOUR REGISTRATION, enclose the $40.00 Fee and mail to:
Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

Please add any Comments and Suggestions

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SECTION B – INDEPENDENT STUDY 200 HR LEVEL
TIPS FOR DOCUMENTATION

The following grid has worked well for others needing to document their various programs training(s) into hours using the Standards' 6 categories.

Gather all your printed materials. Anything that might have dates, content/explanation of program and the length (hours), such as: class curriculums, class calendars, workshop or conference flyers and brochures from any course or module taken to date. (Apprenticeships with a teacher, rather than a school, would require a letter of explanation from the teacher to verify hours and categories involved.) Divide your programs' course hours into the Standards' 6 categories.

1- List under Programs all your teacher training programs, workshops, conferences, etc.
2- Proceed to plug in the hours in the corresponding column(s) across.
3- Don't forget the last column – Contact hours (time spent with a teacher).
4- Give a grand total below each column when your listing is complete.

Schools/Programs	Techniques	T. Method.	Anat./Phys	P, E & L	Practicum	Electives	Contact Hrs
TOTALS							

Section B: 200 hour Registration

Independent Study and/or Teaching Experience

OR through Formal Training at a school not on the Registry list

Complete this form if you have completed your teacher education through equivalencies (as described below). We have tried to give you many possible ways to meet the requirements.

We realize this listing will take diligence to complete, and we sincerely thank you in advance for your integrity and commitment. Use separate pieces of paper. (A grid format is provided on the back of Section A)

1) Techniques (100 hours)

Definition: Includes asanas, pranayamas, kriyas, chanting, and meditation. Hours in this category include both training in the techniques and practice of them.

a) Describe your hours of Formal Training (Teacher Training workshops, seminars, or intensives) and specify the total completed.

b) If the total is less than 100 hours, you may supplement with yoga classroom experience (3 hours as a student + 5 hours as a Teacher = together these qualify as the equivalent of 1 hour of Formal Training). Include letters from your Teacher(s) (use Reference Letter #1) AND letters from a few of your students (use Reference Letter #2). ALSO INCLUDE your resume or history of teaching along with any supporting documentation such as ads, flyers, newspaper clippings, etc.

2)Teaching Methodology (20 hours)

Definition: Principles of demonstration, observation, assisting/correcting, instruction, teaching styles, qualities of a Teacher, and the student's process of learning.

a) You must have a minimum of 10 hours Formal Training in Teaching Methodology in how to teach in order to qualify. Provide documentation including a description of the class(es) including day, time, teacher, location, and course content.

b) If your total is more than 10 but less than 20 hours, you may supplement with yoga teaching experience (10 hours as a Teacher = 1 hour equivalency), by describing the hours you have taught. Note: These teaching hours are in addition to any used in the Techniques category.

3)Anatomy & Physiology (20 hours)

Definition: Includes both physical Anatomy and Physiology (bodily systems, organs, etc.) and astral/energy/subtle Anatomy and Physiology (chakras, nadis, etc.)

a) Describe your hours of Formal Training.

b) If this is less than 20 hours, supplement with appropriate equivalency to reach a total of 15 hours of General Anatomy and 5 hours of Applied Anatomy.

i) General Anatomy can be taken through the following : Community College, Adult Ed, guided

self-study with tutor or study guide, Correspondence Course, Massage Schools, Yoga Teacher Training programs, and/or anatomy workshops.

ii) Applied Anatomy can be taken through the following: Yoga Teacher Training programs, yogic anatomy workshops, guided self-study or correspondence course specific for the practice of yoga. Course content includes: benefits and contradictions, skeletal system, muscle groups, subtle anatomy, and/or nervous, glandular, digestive, circulatory, and respiratory systems.

Supply as much information as possible, and include certificates, etc.

4) Philosophy/Ethics/Lifestyle (20 hours)

Definition: Study of Yoga Scriptures (Yoga Sutras, Bhagavad Gita, etc.), ethics for Yoga Teachers, 'living the life of the yogi', etc.

a) Describe your hours of Formal Training.

b) If this is less than 20 hours, supplement with appropriate equivalency to reach a total of 18 hours of Philosophy and Lifestyle PLUS 2 hours of Professional Ethics.

c) Philosophy and Lifestyle may be fulfilled through:

i) Structured activities in a yogic environment, i.e. satsangs, lectures or discussion groups, vegetarian diet or cooking classes, organized seva.

ii) Self-study: i.e. completion of correspondence courses, or relevant books.

d) Professional Ethics courses are accessible at colleges and through workshops. We can provide you with a list of suggested books on Professional Ethics.

racticum (10 hours)

Definition: Includes student teaching as well as observing and assisting in classes taught by others. Hours are a combination of supervised and unsupervised.

a) Describe your hours of Supervised Teaching.

b) If this is less than 10 hours, supplement with appropriate equivalency to reach a total 20 hours, through being mentored by a Qualified Teacher*/Teacher Trainer (2 hours of mentored teaching = 1 hour equivalency). Submit a letter from your Mentor, who is a Qualified Teacher* (use Reference Letter #3). As an alternative, you may submit two letters of recommendation from other Qualified Teachers* who have observed your teaching (use Reference Letter #3).

*Qualified Teachers are those who meet the Registry 200-Hour Standards whether or not they have Registered.

6)Electives (30 additional hours in one or more of the above categories)

Definition: Electives are drawn from the above categories. The hours may be used according to a particular emphasis.

c) Describe your hours of electives and the category they apply to. If there are less than 30 hours, supplement with additional appropriate equivalencies as described in the categories above.

TO COMPLETE YOUR REGISTRATION, enclose the $90.00Fee and mail to:

Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

Note: This Registry Fee is a total of the basic Registry Fee of $40.00+ an additional processing fee of $50.00. Annual Renewal will be only $40.00

Section C: 500 hour Registration

Formal Teacher Training from a Registered School

Complete this form if you have completed your 500-hour Teacher Training course at a Registered School (Check with your School to see if they are a Registered School).

1) Complete the following information:

Name of School_____ Completion Date_____

2) Attach a copy of your certificate or other proof of completion.

3) Note: If this Teacher Training certificate does not document 100 hours of teaching experience (in addition to the 500 hours of Formal Training), you must document 100 hours of teaching experience on your own. **Attach a description of your hours of teaching experience.**

TO COMPLETE YOUR REGISTRATION, enclose the $40.00 Fee and mail to:
Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

Please add any Comments and Suggestions

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SECTION D – USING UP TO THREE SCHOOLS 500 HOUR ADVANCED LEVEL

TIPS FOR DOCUMENTATION

The following grid has worked well for others who needed to separate hours of training from one or more schools in order to complete Section D. Gather all you course(s) Curriculums and class calendars. Make sure they state the course is an advanced level training. Include copies of any printed materials with your application. These will make dividing the hours into categories much easier.

1- List each of the schools.
2- Proceed to plug in the hours in the corresponding column(s) across.
3- Don't forget the last column – Contact hours (time spent with a teacher)
4- Provide a total of hours below each column when your listing is complete.

Schools/Programs	Techniques	T. Method.	Anat./Phys	P, E & L	Practicum	Electives	Contact Hrs
TOTALS							

Documentation of 100 hours of teaching experience is also required in addition to the above. List where you have taught and the total number of hours for each location if there is more than one.

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Section D: 500 hour Registration

Formal Teacher Training from a school not on the Registry list

OR Formal Teacher Training from up to 3 different schools

We believe that, at the 500-hour level of training, supervision from a formal school is essential. You may qualify if you have Formal Training at up to three different schools in the following way:

- First 200 hours – through one Qualified School* or through equivalencies (described above in the 200-hour)
- Remaining 300 hours – through the same Qualified School*, or through one or two additional Qualified Schools*. These hours must be Advanced Training and not a basic level training covered in a 200-hour level. Description of the course content and level of study is required through documentation from each of the Schools. A Registry Application Review Board will review your application. Please allow up to 4 months for processing.

*Qualified Schools are those who meet the Registry Standards for the level they are training, whether or not they have registered.

1) NOTE TRAINING HOURS IN THIS LISTING FORMAT BELOW :

(Attach your documentation to your application. A grid format is provided on the back of Section C)

School #1 Name_____

Location: _____

ATTACH DOCUMENTATION FROM THE SCHOOL that describes the course content and level of study. (Note: If this is documenting the first 200 hours through equivalencies, fill out Section B on the Blue Pages)

Techniques	# hours_____	Philosophy/Ethics /Lifestyle	# hours_____
Teaching Methodology	# hours_____	Practicum	# hours_____
Anatomy and Physiology	# hours_____	Electives	# hours_____

OVER

School #2 Name_____

Location: _____

ATTACH DOCUMENTATION FROM THE SCHOOL that describes the course content and level of study. (Note: This will not qualify if it is a basic level of training)

Techniques	# hours_____	Philosophy/Ethics /Lifestyle	# hours_____
Teaching Methodology	# hours_____	Practicum	# hours_____
Anatomy and Physiology	# hours_____	Electives	# hours_____

School #3 Name_____

Location: _____

ATTACH DOCUMENTATION FROM THE SCHOOL that describes the course content and level of study. (Note: This will not qualify if it is a basic level of training)

Techniques	# hours_____	Philosophy/Ethics /Lifestyle	# hours_____
Teaching Methodology	# hours_____	Practicum	# hours_____
Anatomy and Physiology	# hours_____	Electives	# hours_____

2) 100 hours of Teaching Experience (in addition to the 500 hours of training documented above)

If these programs do not document 100 hours of teaching experience (in addition to the 500 hours of Formal Training), you must document 100 hours of teaching experience on your own. Attach a description of your hours of teaching experience.

TO COMPLETE YOUR REGISTRATION, enclose the $90.00 Fee and mail to:

Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

Note: This Registry Fee is a total of the basic Registry Fee of $40.00 + an additional processing fee of $50.00. Annual Renewal will be only $40.00

Please add any Comments and Suggestions

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Section E: Grandfathering

We acknowledge the Teachers who have helped lay the foundation for Yoga in the U.S.

We realize that during the formative years there was much less Formal Training available and that you along with many of the most recognized names in Yoga in the U.S. may have not come through a particular school or series of schools.

If you have taught yoga a minimum of 5,000 hours and can provide three letters of recommendation from other Teachers or students, you may apply for a Registry Mark at the 500-hour level. NOTE: This option expires December 31, 2002.

1) Describe your teaching hours (use separate pieces of paper)

You may list things in a summary form. For example, you might list items like:

"Weekly class at the local Parks Dept for 3 years. Each class was 90 minutes for a total of 234 teaching hours." **See Tips for Documentation below.**

2) Recommendation Letters

Provide three letters of recommendation from other Teachers or students
(Use Reference Letter #2)

TIPS FOR DOCUMENTATION

The following format has been helpful to others. This grid will allow you to document your 5,000 hours of teaching experience in an easy to read manner. Computer skills are not necessary. Use a lined piece of paper.

1 -Draw 6 columns and label them – location, length of time at that location (for math purposes break time into wks.), # of classes per wk., length of class. These multiplied together will equal the total of hours for that location.
EX: YMCA 1/2/98 –3/1/98 (8 wks) x 3 classes/wk x 1.5 hrs = 36 hours

2 -Proceed to list each location down the page.

3 -Plug in your dates and other information.

4 -Give a grand total of hours at the bottom of the list.

Attach this documentation to your completed application along with your check for the Registry fee and mail them to us. Don't forget to make 3 copies of Reference letter #2 and give them to 3 of your students to complete on your behalf. They will in turn mail them to us as directed on the bottom of the letter. When all the pieces of your application are received it will be reviewed.

TO COMPLETE YOUR REGISTRATION, enclose the $90.00 Fee and mail to:

Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

Note: This Registry Fee is a total of the basic Registry Fee of $40.00 + an additional processing fee of $50.00. Annual Renewal will be only $40.00.

REFERENCE LETTER #1 - For Teachers with Whom the Applicant has Taken Yoga Classes

Applicant's name _____Address _____

To the Recommending Teacher: Please fill out the information requested.

Name of Recommending Teacher_____

Address _____

Phone #'s: Home_____ Work _____ E-mail_____

Has the applicant been a student in your classes? Yes_____ No_____

If yes, for how many hours of class time (your best estimate)? _____

In your opinion, has the applicant mastered the teaching of yoga to the 200-hour level of Registry? circle one: Yes No

Please add any additional comments that you think are relevant.

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Thank you for taking the time to fill out this information which will be helpful in our review of this applicant's eligibility for Yoga Teachers Registry.

Please send directly to: Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

REFERENCE LETTER #2 - For Teachers Who Have Observed the Applicant Teaching
For Students Who Have Studied With the Applicant

'cant's name _____Address _____

to Applicant: Indicate which level your letter of recommendation applies to:

____ 200 hour Techniques equivalency ____ 500 hour Grandfathering

To the Recommending Teacher or Student: Please fill out the information requested.

Name of Recommending Teacher/Student_____

Address _____

Phone #'s: Home_____ Work _____ E-mail_____

Are you a teacher _____ or a student _____? Have you seen the applicant teach? Yes_____ No _____

What techniques have you seen the applicant teach (use separate pages as needed)?

From your observation of the applicant's teaching please comment on the applicant's skill in the following categories:

Understanding of techniques and knowledge of basic instruction

Clarity of instructions

Demonstration skills

Observation of class and appropriate corrections

Pacing

Control of class

Manner of interaction with students

Ability to create and maintain physical, emotional, and psychological safety for students.

In your opinion, has the applicant mastered the teaching of yoga to the level of Registry Standards (see other side) the applicant has indicated above? 200 hour level circle one Yes No 500 hour level circle one Yes No

Please add any additional comments that you think are relevant.

Thank you for taking the time to fill out this information which will be helpful in our review of this applicant's eligibility for Yoga Teachers Registry.

Please send directly to: Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

REFERENCE LETTER #3 For Qualified Teachers recommending Applicant for Practicum equivalency

Applicant's name _____ Address _____

to Applicant: Indicate which type of person this letter of recommendation applies to:

____ Mentor Teacher ____ Qualified Teacher who has observed you teaching

To the Recommending Teacher: Please fill out the information requested.

Name of Recommending Teacher_____ Address _____

Phone #'s: Home_____ Work _____ E-mail_____

Do you meet the Registry Standards (see other side) for at least the 200-hour level (no documentation required)?
Circle one: Yes No

Have you seen the applicant teach? Yes_____ No _____

What techniques have you seen the applicant teach (use separate pages as needed)?

From your observation of the applicant's teaching please comment on the applicant's skill in the following categories:

Understanding of techniques and knowledge of basic instruction

Clarity of instructions

Demonstration skills

servation of class and appropriate corrections

Pacing

Control of class

Manner of interaction with students

Ability to create and maintain physical, emotional, and psychological safety for students.

In your opinion, has the applicant mastered the teaching of yoga to the 200 hour Registry Standards(See other side)?
circle one: Yes No

Please add any additional comments that you think are relevant.

If you are writing as a Mentor Teacher, please answer these questions in addition to the ones above:

Describe the Mentoring process you have completed with the applicant: _____

_____

For how many hours (your best estimate) _____

Thank you for taking the time to fill out this information which is helpful in our review of this applicant's eligibility Yoga Teachers Registry. Please send directly to: Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611

YOGA ALLIANCE

120 South 3rd Ave., West Reading, PA 19611

1-877-YOGA ALL (964-2255)

Dear Fellow Yogi,

You are invited to apply for your Yoga Teacher Training School to be included as a Registered School in our national Yoga Teachers Registry. The enclosed materials offer you the opportunity to tell us about your program and your teaching staff. We look forward to receiving your application soon, or to assisting you with it in any way we can.

Yoga Alliance is a voluntary alliance of diverse yoga organizations and individual yoga teachers with the purpose of upholding the integrity of Yoga, establishing voluntary national standards for yoga teachers, and providing support for yoga professionals in the United States. We are very excited to be able to provide this opportunity for yoga schools and teachers to be professionally recognized.

Though many of us on the Yoga Alliance Board, and perhaps some of you, have resisted national standards, we also recognize that our society is structured around licensing and certification. In addition, yoga's increasing popularity brings with it the need for documentation that teachers are qualified to teach yoga. Already some medical organizations and State governments have begun the process of determining what constitutes enough training for a yoga teacher. We believe it is in teachers' best interests for the yoga community to actively establish their own standards and to educate the public and those who would regulate us as to what these standards are.

Teachers who have graduated from a Registered School will qualify by presenting a copy of their certificate or diploma with their application and a Registry Fee of $25.00. We will be working to establish national recognition of the Registry Marks, which indicate that the teacher has professional standing based on the completion of specified educational requirements.

We hope you will apply to be one of the Registered Schools. School Registry Fees are $200.00 per year for the first level and $100.00 per year for the second level, with discounts for smaller schools and those who teach a curriculum provided by a Registered School.

Thank you for your interest, and please let us know if we may assist you in any way.

Namaste,

Yoga Alliance Board of Directors

STATEMENT OF PURPOSE

Vision

Yoga Alliance is a voluntary alliance of diverse yoga organizations and individual yoga teachers dedicated to uphold the integrity of Yoga, establish voluntary national standards for yoga teachers, and provide support for yoga professionals in the United States

Mission

Yoga Alliance is a forum for yoga schools, all traditions, teacher organizations, and independent yoga professionals. Yoga Alliance provides a vehicle for those who teach unity to come together in unity, while supporting the diversity that exists within the Yoga community.

Yoga Alliance is a self-regulating organization that provides support services to all yoga professionals, establishes and disseminates standards for the education of yoga teachers, and maintains a national registry of teachers who meet those standards. Yoga Alliance does not define what yoga is and does not offer classes in yoga or teacher training.

Yoga Alliance brings together the community of yoga professionals with organizations that provide health care, medical and human services, stress management, and spiritual support to the public.

Yoga Alliance actively works to:

- exercise our right as yoga professionals to regulate ourselves
- provide business support to yoga professionals
- maintain a national registry of yoga teachers and schools who meet the Alliance's recommended educational standards
- grant the use of Alliance Registry Marks to registered teachers and schools
- educate yoga and other organizations and the public about Yoga Alliance Registry Mark
- educate the public about the benefits of yoga
- foster networking and mutual support among yoga professionals
- facilitate access to information on therapeutic yoga applications
- identify the evolving needs of and design methods and programs to nurture the professional yoga community

HISTORY

UNITY IN YOGA

In November of 1982, Rama Jyoti Vernon and Sri Swami Satchidananda were inspired to bring the North American Yoga Teachers from all traditions together, as they had seen at the European Yoga Teacher's Congress in Zinal, Switzerland. In April of 1983, Rama invited a few Yoga teachers from the Seattle area to a luncheon. Twenty were expected but eighty came, from all over Canada, Oregon and Washington, and expressed the growing need to share with each another and expand their skills within the field of yoga. Over twenty yoga teachers representing many different yoga traditions gathered again the following January in Denver, Colorado. Once again the teachers broke bread, prayed, meditated and asked for guidance.

Within several days a program for a North American Yoga Conference was forming. By Memorial Day weekend of 1984 the first national Unity in Yoga Conference was held at El Pomar Retreat Center in Colorado Springs. The theme was "World Peace - It Begins with You". The host organization for this conference was Yoga Teachers of Colorado, which had been formed in 1980 with a mission statement expressing the desire to educate and provide community and support for teachers of all yoga traditions and paths. Thus, Unity in Yoga was born. The philosophy behind the Unity in Yoga conferences was to bring yoga teachers and practitioners from all of the different schools and lineages together, and that Unity in Yoga would support all yoga teachers without promoting any one teacher, tradition or lineage. Unity in Yoga was the first national organization to act on that philosophy by holding these conferences.

Since 1983 Unity in Yoga has had twelve international conferences, nine here in the United States, and one each in Russia, Israel and Costa Rica. In 1993 Unity in Yoga held a 100 Years Celebration commemorating Vivekananda's first talk at the World Symposium of Religions in Chicago. Over 550 participants attended and most of the founders of the major yoga traditions in the U.S. were present on the same platform. In 1995 Unity in Yoga had its last conference, again in Colorado at Snowmass Village. The following year Yoga Journal began to hold conferences thanks to Michael Glickson, who had been an advisory board member to Unity in Yoga for a number of years and had attended most of the conferences. This year there will be two national conferences available to yoga teachers. With the original vision of ringing yoga teachers together fulfilled, Unity in Yoga started a vision quest for the next need of the yoga community.

In search of this vision, it was remembered that in 1993 a panel of yoga teachers brought to awareness the beginning urgency of the need for teacher standards due to the fact that so many teachers had been approached by medical and governmental agencies. Another panel on this topic had been offered at the 1995 conference and it was obvious that the need for some kind of minimum standards for the yoga community was necessary or standards would be imposed by outside agencies that knew nothing about yoga.

AD HOC YOGA ALLIANCE

At the Yoga Journal Conference in May 1997, an open forum discussion about minimum standards for yoga teacher training raised a number of issues, which many wanted to explore further, as a "Yoga Dialogue." More than ninety people expressed interest, and repeated invitations have been extended to others not yet involved. Meetings and discussions have continued since that date and participants have demonstrated their commitment and support by personally expending more than $25,000.00 and more than 3,500 person-hours. Please note: this group does not claim to "represent yoga" in the United States, but represents (often to varying degrees) those who are participating and continues to invite others to join the process.

There have been four face-to-face meetings, numerous conference calls, and a great deal of research and communication. In all interactions, the emphasis has been on mutual respect, sensitivity and support of different approaches to yoga and an equal voice for every participant. The first meeting at Kripalu Center, Massachusetts, in October 1997 focused on the perceived need for and concerns over standards. The participants began to develop a specific proposal for basic teacher training standards (detailed below) which would be set up as a voluntary program. A graduate of a training program meeting the standards would be eligible to use a "certification mark" (similar to a trademark). In March 1998 at Ananda Village, California, participants took a broader view: if standards are to arise, it should happen only from a foundation of armony, respect for diversity, mutual support, and cooperation with the yoga community. An overall vision was

developed and committees formed to work on specifics: Therapeutics, Networking/Bridge Building, Standards, Marketing, Other Organizations' Standards, Invitations to Others to Participate. The Yoga Dialogue became the "Ad Hoc Yoga Alliance."

The next meeting in September 1998 at Master Yoga Academy, California, resulted in an Organizing Committee to form a non-profit corporation to take this work to the next level. Participants also refined the proposed standards, and developed a report to present at the next Yoga Journal Conference. The reception at the October 1998 Yoga Journal Conference in Estes Park, Colorado, was very positive, including many comments and suggestions, as well as a "pass-the-hat" collection. In addition, other yoga associations invited further dialogue to explore partnerships and/or mergers.

YOGA ALLIANCE

At the October 1998 Yoga Journal conference, it became apparent to the Board of Unity in Yoga that the Ad Hoc Yoga Alliance's mission, purpose for existing, and need to represent the entire yoga community fit nicely into Unity in Yoga's vision, philosophy and purpose. Unity in Yoga suggested to the Ad Hoc Yoga Alliance that the two paths might merge. Unity in Yoga is an organization representing the entire yoga community since 1983. It is a non-profit organization looking for new blood and a vision that would continue to support this yoga community. The Ad Hoc Yoga Alliance was a committee facing the tedious process of applying for non-profit status. It seemed like a marriage made in heaven.

In January 1999, two representatives from Unity in Yoga joined the Organizing Committee at 3HO Foundation in Española, New Mexico. Work continued on two key committees (Standards and Networking), and the two organizations shared their respective history and goals. Agreement was reached and the two organizations have merged into the YOGA ALLIANCE. This joining together was a jubilant step towards bringing the unity within the yoga community into the new millennium! Officers are:

President - Rama Berch, Master Yoga Academy; 619-454-6978, rama@masteryoga.org
Vice-President - Hari Kaur Khalsa, 3HO Foundation; 781-446-2896, ReachHari@aol.com
Vice-President - John Willey, Kripalu Center; 413-448-3212, johnw500@aol.com
Secretary - Sharon Staubach, Yoga Teachers of Colorado; 303-638-9199, sha@switchboardmail.com
Treasurer - Gloria Goldberg, Iyengar Yoga Association; 619-469-9642, yogagold@aol.com
Board Member - Martin Pincus, (Independent) Innergyoga, trained in Kripalu Yoga; traveling and currently unavailable
Board Member - Rich McCord, Ananda Ashram; 530-478-7518, Rmccord@expandinglight.org
Board Member - Swami Ramananda, Integral Yoga; 212-675-3674, Ramananda@ibm.net
President Emeritus of Unity in Yoga - Pat Hansen, Rocky Mountain. Institute for Yoga & Ayurveda; 303-512-0819, padmashakt@aol.com

Meeting again at Kripalu Center in June 1999, the Board approved five means by which yoga teachers can enroll in the YOGA TEACHERS REGISTRY, which will begin at the Yoga conferences in September and October 1999. These five are:

200 Hour – through a Registered School
200 Hour – through an Independent Track
500 Hour – through a Registered School
500 Hour – through a combination of Registered Schools
500 Hour – through Grandfathering, which will be available until December 31, 2002.

Application forms for schools to qualify as Registered Schools was established to be the first priority, with applications for the teachers being prepared immediately afterward. An administrative office was authorized and budget adopted. Many tasks remain to be done, and volunteers are invited to support and develop additional Alliance programs under the guidance of the Board.

Our Vision

'oga Alliance is now establishing the Yoga Teachers Registry and will issue Registry Marks for teachers to use in their resumes, advertising and business endeavors. The Registry Mark will indicate that the Registered Yoga Teacher (R.Y.T.) has met the minimum educational standards of Yoga Alliance. Our brochure and application forms for Yoga Teachers will be available at the yoga conferences being held in Colorado and Texas in September 1999. Also, Yoga Journal is publishing an article about Yoga Alliance in their September-October 1999 issue.

The Registry will be advertised and promoted to the general public, to organizations that employ Yoga Teachers (i.e. YMCA's, athletic clubs, Park & Recreation Departments, etc.), and to organizations that are beginning to review Yoga Teachers' credentials (hospitals, health insurance companies, governmental organizations, etc.). We will be establishing long-term mutually beneficial relationships with these organizations to facilitate the acceptance and support of Yoga Teachers as professionals in the modern world.

Printed lists of Registered Yoga Teachers will be distributed as well as made available on the Web and linked to relevant sites. Yoga Alliance will inform the public of the Yoga Teachers Registry, Registry Mark and educational standards. Organizations and individuals supporting our work will be asked to help us by recommending that students, clients or patients seek teachers holding this mark. We will create a brochure for the public and the employing agencies explaining the value of selecting a Registered Yoga Teacher, as well a promoting yoga in general.

A national event, Yoga Day USA, is being coordinated for October 16, 1999, as a fundraiser for Yoga Alliance as well as an opportunity to put yoga in the national spotlight. All Yoga Teachers, schools and students are invited to participate in this event to raise awareness of yoga in their communities and the nation. Donations of all or part of the proceeds of the individual events will support Yoga Alliance and the establishment of the Yoga Teachers Registry.

Yoga Alliance will also provide networking and support for teachers whether Registered or not. A Teachers' newsletter will also be published regularly to update teachers and schools on current activities and policies. We are developing 'ograms to support teachers in their businesses as well as an outreach program to foster community support for teachers acing life crises. We also plan to sponsor activities such as regional workshops focusing on networking and fellowship of all Yoga Teachers. We invite your comments, suggestions and participation.

STANDARDS

Yoga Alliance has worked carefully to construct MINIMUM standards for yoga teachers. We also recognize that many individual teachers and many schools that train teachers exceed these standards. These standards are designed to be broad and inclusive while providing a meaningful assurance of quality to those who depend on the Registry Mark in selecting their yoga teachers.

200 Hour Standards

CATEGORY	REQUIRED HOURS	DESCRIPTION
Techniques	100 hours	Includes asanas, pranayamas, krIyas, chanting, and meditation. These hours include both training in the techniques and the practice of them.
Teaching Methodology	20 hours	Principles of demonstration, observation, assisting/correcting, instruction, teaching styles, qualities of a teacher, and the student's process of learning.
Anatomy and Physiology	20 hours	Includes both physical Anatomy and Physiology (bodily systems, organs, etc.) and astral/energy/subtle Anatomy and Physiology (chakras, nadis, etc.)
Philosophy, Ethics, & Lifestyle	20 hours	Study of Yoga Scriptures (Yoga Sutras, Bhagavad Gita, etc.), ethics for yoga teachers, 'living the life of the Yogi', etc.
Practicum	10 hours	Includes student teaching as well as observing and assisting in classes taught by others. Hours may be a combination of supervised and unsupervised.
Electives	30 hours	Electives are to be drawn from the other five categories. These hours do not necessarily represent student electives: hours may be used according to a school's own particular emphasis
Contact Hours	at least 160 hours	Contact hours means that the Teacher Trainer is physically in the presence of the student. Non-contact or independent study hours may include: assigned reading or other homework, non supervised study groups, observing yoga classes, etc.

500 Hour Standards

Note: These hours are NOT in addition to the 200 hours above, but are a complete description for this level.

CATEGORY	REQUIRED HOURS	DESCRIPTION
Techniques	150 hours	Includes asanas, pranayamas, KrIyas, chanting, and meditation. These hours include both training in the techniques and the practice of them.
Teaching Methodology	30 hours	Principles of demonstration, observation, assisting/correcting, instruction, teaching styles, qualities of a teacher, and the student's process of learning.
Anatomy and Physiology	35 hours	Includes both physical Anatomy and Physiology (bodily systems, organs, etc.) and astral/energy/subtle Anatomy and Physiology (chakras, nadis, etc.)
Philosophy/Ethics/Lifestyle	50 hours	Study of Yoga Scriptures (Yoga Sutras, Bhagavad Gita, etc.), ethics for yoga teachers, 'living the life of the Yogi', etc.
Practicum	40 hours	Includes student teaching as well as observing and assisting in classes taught by others. Hours may be a combination of supervised and unsupervised.
Electives	195 hours	Electives are to be drawn from the other five categories. These hours do not necessarily represent student electives: hours may be used according to a school's own particular emphasis
Contact Hours	at least 350 hours	Contact hours means that the Teacher Trainer is physically in the presence of the student. Non-contact or independent study hours may include: assigned reading or other homework, non supervised study groups, observing yoga classes, etc.
Teaching Experience	100 hours	An additional 100 hours of teaching experience, outside of the 500 hours of training, are required before a teacher can enroll in the Registry.

REGISTERED YOGA SCHOOL APPLICATION

Yoga Alliance, 120 South 3rd Ave, West Reading, PA 19611
1.877.YOGA.ALL (964-2255)

Please read all the information carefully and complete the application in its entirety. Should your school meet these standards, it will be listed as a Registered School. Graduates of your school would then be able to qualify for Registry listing and authorization to use the Registry Mark and the initials "R.Y.T."

Print clearly, completely fill out the appropriate sections and attach all necessary documents and your application fees. You may add extra pages where needed. Attached all necessary supporting documentation. Your application cannot be processed with incomplete information. Please call if you would like any assistance or clarification of any items. Return completed application and registry fee to the address above.

Yoga Alliance does not discriminate on the basis of race, color, religion, national origin, gender, age, marital status, disability, or sexual preference. All information will be treated as confidential.

SCHOOL NAME: _____

MAILING ADDRESS:_____

_____

_____

CITY STATE ZIP

PHONE: ( )_____**Fax:** ( )_____ **E-MAIL** _____

VEBSITE: _____

DIRECTOR OF TEACHER TRAINING:_____

CONTACT PERSON (If other than above):_____

Phone number _____ Fax _____ Email _____

1) THIS APPLICATION IS FOR:

200-HOUR _____

500-HOUR _____

BOTH – If you are applying for both, photocopy this application and submit two – one for each of the 200-hour and 500-hour levels.

2) How many teachers have you graduated from the beginning of your program?

_____ Circle one: APPROXIMATE ACTUAL

) How many graduate from your program each year? _____ Circle: APPROX ACTUAL

4) What is your average Yoga Teacher Training class size? _____

5) Does the primary Director of your Teacher Training meet the Registry educational standards for the level she/he is directing? _____

5a) Attach Curriculum Vitae or Resume of your Director of Teacher Training..

6) Do you issue documentation to each participant who satisfactorily completes the course?

Yes_____ No_____ If yes, please attach a copy.

7) If a student has lost his/her certificate, what records do you check before you issue a replacement? Attach separate page to describe this.

8) HISTORY: Attach a separate page giving a brief history of your school. Include a paragraph clearly defining your school's approach or style of yoga (tradition).

9) If your school teaches the curriculum provided by another Registered School, you may register for an individual listing under their listing for a fee of only $50.00 a year.

Enter name of Affiliated Registered School here _____

If this is the case for your school you may skip to the end of the application, sign the agreement, and complete all or any of the optional survey questions. You must still enclose the Curriculum Vitae of your Teacher Training Director.

10) CURRICULUM:

Give detailed descriptions below of your training program and how it meets Registry standards, including length of training and topics covered. If there is credit given for study outside of the classroom, define its content in each category and include the number of hours.

Standards:

10a) Techniques: 200-hour program = 100 hours 500-hour program = 150 hours

Includes asanas, pranayamas, Krlyas, chanting, and meditation. These hours include both training in the techniques and the practice of them.

Attach separate page.

10b) Teaching Methodology 200-hour program = 20 hours 500-hour program = 30 hours

Principles of demonstration, observation, assisting/correcting, instruction, teaching styles, qualities of a teacher, and the student's process of learning.

Attach separate page.

10c) Anatomy & Physiology 200-hour program = 20 hours 500-hour program = 35 hours

Includes both physical Anatomy and Physiology (bodily systems, organs, etc.) and astral/energy/subtle Anatomy and Physiology (chakras, nadis, etc.)

Attach separate page.

10d) Philosophy, Ethics & Lifestyle 200-hour program = 20 hours 500-hour program = 50 hours

Study of Yoga Scriptures (Yoga Sutras, Bhagavad Gita, etc.), ethics for yoga teachers, 'living the life of the Yogi', etc.

Attach separate page.

10e) Practicum 200-hour program = 10 hours 500-hour program = 40 hours

Includes student teaching as well as observing and assisting in classes taught by others. Hours may be a combination of supervised and unsupervised.

ttach separate page.

School Name_____ Location _____

10f) Electives 200-hour program = 30 hours 500-hour program = 195 hours

Electives are to be drawn from the other five categories. These hours do not necessarily represent student electives: hours
·y be used according to a school's own particular emphasis
.tach separate page.

10g) Contact Hours 200-hour program = at least 160 hours 500-hour program = at least 350 hours

Contact hours means that the Teacher Trainer is physically in the presence of the student. Non-contact or independent study hours may include: assigned reading or other homework, non supervised study groups, observing yoga classes, etc. Details of the contact and non-contact hours must be detailed in the items above. Please summarize in this item the total contact and non-contact hours in each category. Attach separate page.

10h) For how many years has your school's curriculum met these standards? _____

10i) When did your school begin training teachers? _____

10j) If your school has been in existence for 5 years or longer and currently meets Registry standards, all of your past graduates are eligible to be enrolled as Registered Yoga Teachers. Which calendar years do you wish us to recognize your graduates as being qualified for enrollment in Yoga Teacher Registry?

_____

If your school is less than five years old, we will recognize the training of your graduates from the date at which your training program met these standards. Which calendar years did your training meet Registry standards?

_____

0k) Attach a copy of your detailed course calendar specifying content and presentations.

Also, please attach any documentation that feel describes why (and will enable the Registry to evaluate whether) your school's training meets the Registry standards.

11) Describe your student assessment process. (I.e. What do you do to determine whether or not to graduate or approve a student? Or what constitutes non-approval?) Attach separate page.

12) Attach a copy of your Ethical Guidelines.

Registered schools must include ethics in their curriculum and set an ethical example for their students. Therefore we require that you have an ethics agreement for your students. If you do not currently have one we will provide some samples which you can use to create one. Please call to request samples or a list of suggested books.

School Name_____ Location _____

‚pplication Fees:

Check one box only. Use a second form for an additional level. Enclose your check payable to Yoga Alliance.

- ❑ Initial Fee of $200.00 - Eligibility for the use of Yoga Alliance Registry Mark is valid for five years, with an initial fee of $200.00 and an annual renewal fee of $200.00, after which re-registration will be required.
- ❑ Second Level $100.00 -- If your school is eligible for listing at both the 200 and 500-hour level, the fee for the second level is $100.00 per year.
- ❑ Discounted Initial Fee $90.00 - For schools with less than 20 graduates a year, there is a discounted fee available of $90.00 per year for the first 3 years
- ❑ Discounted Second Level $45.00 - For schools with less than 20 graduates a year, there is a discounted fee available of $45.00 per year for the second level for the first 3 years

Legal Agreement

The school is granted for five years the limited non-exclusive use of the certification mark (Registry Mark) for the purpose of identifying its Yoga Teacher Training program as an approved and Registered School in its promotional material. The Registry Mark indicates to the public that your school has met Yoga Alliance's minimum standards for training as of the date of granting your use of the Registry Mark. At any time that you no longer meet any one or more of said requirements, it is your responsibility to inform Yoga Alliance. Yoga Alliance retains the right to request updated ‘nformation, to re-evaluate any Registered School and to revoke permission to use the Registry Mark.

‚nnually, Yoga Alliance will send Registered Schools a form asking about any changes that have taken place in the Training program. This form must accompany your renewal fee and is due 2 months before your annual anniversary date.

Yoga Alliance will send a renewal application to Registered Schools 6 months prior to your five-year expiration date. It must be completed and returned to Yoga Alliance by 3 months prior to your expiration date.

I hereby state that the above information is true to the best of my knowledge. I hereby agree to meet the conditions set forth above for use of the Registry Mark and to be listed as a Registered School. I understand that falsification of any above information will result in revocation of these privileges.

Signature: _____ Date: _____

YOGA ALLIANCE
SCHOOL SURVEY

120 South 3rd Ave, West Reading, PA 19611 1.877.YOGA.ALL (964-2255)

School Name_____ Location _____

Please provide us with a short (**60 word**) description of the **style** of Yoga you teach on a separate sheet of paper. We will use this for your listing in our directory and on our website.

These questions are not a required part of your application form, but will assist us in developing our programs and better serving you and your students. Please put your answers on a separate sheet of paper.

A. Yoga Alliance is developing Continuing Education requirements for Registered Yoga Teachers. To assist us in this process we would like to know your school's current requirements.

B. Do you offer any Continuing Education courses? Please describe.

C. Describe the legal status of your school (i.e. corporation, partnership, non-profit, etc.)

D. Do you offer other certification or professional development training programs? If so, what are they?

E. List all your current YTT instructors. (Full and part time)

F. How do you train your teacher trainers?

G. Is your school or YTT program approved or accredited by any other professional or educational organizations? If so, please list.

H. Are there pre-requisites for your teacher training? If so, what are they?

Thank you for participating in this survey. Namaste.

Yoga Alliance, Attn. Yogamaya, 120 South 3rd Ave, West Reading, PA 19611 1.877.YOGA.ALL (964-2255)

Tab H

Members of Discussion Group #4:

When I'm called by people requesting an invitation to speak at the Feb WHCCAMP meeting, I tell these callers that because of a change in the format and completed agenda such an invitation cannot be extended to them. I discuss the options, including e-mailing their recommendations to the Commission, which explains how I received the message below.

So, here is "unsolicited" written testimony from Richard Miles who presented invited oral testimony at the 4-5 Dec 00 WHCCAMP meeting. I requested and received permission from Steve to share this with Discussion Group #4, because of its relevance to our breakout session discussions.

-----Original Message-----
From: RMilesHFPN@aol.com [mailto:RMilesHFPN@aol.com]
Sent: Friday, February 02, 2001 3:24 PM
To: Kaczmarczyk, Joseph (NCCAM)
Subject: CAM Education

Joe and WHCCAMP:
When considering education, either professional or public, about CAM and its emergence in the current health care scene, one of the first thoughts is how people learn about the several practices and their potential value in the care system. While there are many books and references out there listing practices, their history, and "what they do," it is still difficult for either professionals or the public to assess how they might fit into any particular situation. And, since the practices are usually difficult to describe in words, the tendency is to list the diagnoses for which each may prove beneficial. This tends to throw the discussion right into the current reductionist diagnose and treat symptoms model, which may not be the most effective arena for many practices, either operationally or legally. It could be interesting to produce a video series demonstrating key elements of complementary practices - - and illustrating the concepts upon which they are based.

I also propose these suggestions for basic education:

1. Teaching general systems theory and how to look at the human body as a physiological, emotional, and intentional system involving all aspects of the person's (family's, community's) life. This shift of perspective opens up the whole discussion in any given case. It is the basis of the needed shift from "time and motion" mechanical medicine (even among CAM providers) to meeting people's needs, addressing their fears and anxieties, and teaching self-regulation skills, both for professionals and people seeking care. It also has a history in Western science that can bring perspectives together.

2. Building forums among groups of professionals in local communities. A basic study group template can be prepared illustrating how local groups can explore the different practices and become familiar with their basic assumptions and skills. The video series mentioned earlier could be valuable here. This is happening here in the Bay Area among several groups and could

be fostered nationally, especially if proposed by WHCCAMP.

3. A truly key factor is the need patients have for guidance in organizing their care. As I mentioned on the phone, we would not think of entering the legal system without an advocate/personal representative. The health care system used to be much more easily understood when one had a family physician known for a long time who became such an advocate and "case coordinator" when major issues arose. This is no longer the case. People are thrown into the system at a time of great personal distress without anyone to sort out the options, explain the language, and help them gain a plan of action. Unfortunately, most of the process unfolds by default. There are many known cases of (a) multiple physicians seeing the patient without central coordination of care, (b) people seeing complementary practitioners without advising their conventional physician they are doing so. The confusion and anxiety of the patient in these cases is not appropriately dealt with.

Therefore, I would propose the recognition of a new role in care, both conventional and complementary, creating a "care navigator," most likely a nurse or clinical social worker with hospital experience to act as the patient's interpreter and guide. This person would not diagnose, treat, or generate the patient's treatment plan. Instead, she or he would stand with the patient as a support and advocate, illustrating and explaining options about both conventional and complementary care, and relieving the major anxieties that arise from lack of understanding of what is going on - - usually under the presumed pressure of having to decide about surgery, treatments, etc., in a short period of time.

My sense is that the existence of a corps of these trained professionals could have a remarkable impact on the health care system. Some would say it will add another layer of expense. My sense is that it would have the opposite effect, reducing demand for unnecesary care. The HMOs will suggest that their case managers are such guides, but they have already been shown to be gatekeepers, which is an entirely different role.

I look forward to the opportunity to discuss the above and related issues with the commission.

Richard B. Miles
Health Frontiers
29 Silverwood Drive
Lafayette, CA 94549
(925) 962 0282

Tab I

Chang, Michele (NCCAM)

Subject: FW: Healing

Here is unsolicited input from Dr. David Benor.

I am a physician with a long-standing interest in healing, researching a spectrum of CAM practices, with a strong focus on healing. My book, Healing Research, Volume I reviews 191 controlled studies of healing in humans, animals, plants, bacteria, yeasts, cells in vitro, enzymes, DNA and more. Close to 2/3 of these studies demonstrate significant healing effects. My website, www.WholisticHealingResearch.com, summarizes much of my work.

I convened a Council for Healing to facilitate communications across a spectrum of healing modalities, considering many of the questions you have raised to some of the healing organizations. The Council includes representatives of a broad spectrum of healing modalities, including Therapeutic Touch, Healing Touch, Reiki, Qigong, Brennan, LeShan, SHEN, Wirkus Bioenergy Practice, Meridian Psychotherapies, Network Chiropractic, Shamanism, Native American healing, and prayer workers.

I have been very excited by the formation of your Commission. I am hopeful that you can advance public and professional awareness and acceptance of healing and other CAM therapies. Many physicians are natural healers and could enhance their treatments through development of their healing abilites. I hope that you will be able to facilitate education and research in healing.

I am aware of the Commission's interest in issues related to healing, from information provided by members of several healing organizations.

You asked a series of questions. While each of the healing organizations you queried will have its own responses, I would like to add a few observations that might be helpful to the Commission.

1. Are there national educational standards for [HEALING MODALITY] undergraduate, postgraduate, and continuing education?
Several healing organizations have national standards for education and practice.
Even prayer workers, by far the largest group of healers (possibly numbering in the millions), include several groups with standards for education and practice.
PROBLEMS: Where healing is taught as a therapy, it is reasonable to suggest that there should be standards for education and practice. However, to a degree greater than in most other therapies, healing is more of a gift and an art than a science. Many strong healers are born with this gift. Most people have some measure of this ability, which many can learn to enhance. There are as yet no objective measures of healing ability other than clinical outcomes, which are difficult to assess in individual cases and would be prohibitively expensive (as clinical trials) to use for assessment of individual healers' therapeutic abilities. Setting general educational standards for healing is a difficult challenge.

2. Should those national educational standards include exposure to CAM other than [HEALING MODALITY]?
Healing is a therapy that is usually practiced intuitively as much as through various non-

invasive interventions.
While knowledge of other modalities can broaden the therapeutic capabilities of a healer, they are not required for good practice.
The converse is actually more true with healing. Healing, like clinical suggestion and experimenter effects, is almost certainly a part of almost every therapeutic intervention. (See discussion on this under "Articles," Spiritual healing: a unifying influence in complementary therapies.)
What would be most helpful for developing integrative care is some knowledge of medical diagnosis and treatment, to help bridge the therapeutic divides between conventional and CAM therapies and therapists.

3. Should the numerous energy healer organizations come together to form "a community?" If so, how and by whom should that "community" be formed?
The Council for Healing is exploring the formation of a body to explore the common grounds between various healing modalities and develop ways of working together.

4. Should there be condition-specific or modality-specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
Healing is more an art than a science. Healers are taught methods for assessing problems and for addressing them. The application of the methods in any given situation will vary with each healer, even when two healers trained in a given method address the same healee.
Condition-specific guidelines: Because each healer is unique, and each healee is unique, and the interactions of a given healer and healee are unique, it is impossible to standardize condition-specific guidelines.
Practice-specific guidelines are taught by all modalities. Individualization of practice by each practitioner may be limited or encouraged, according to the particular modality, teacher, and student.

There is as yet little clinical experience that would even begin to suggest which modality or practice is of greatest benefit for specific conditions. This is a fertile area for research.

5.Are your members concerned about malpractice liability associated with providing CAM practices and products?
Healers should be responsible for the effects and psychological impacts of their interventions. Inappropriate or improper personal behaviors are possible in any therapeutic relationship. Malpractice liability is encouraged.
With distant healing, however, which is done through focused intent, meditation, or prayer, it would be extremely difficult to prove a causal connection between the intervention and any claimed effects in an individual healee. There still remain areas of liability regarding promised effects, fees that establish a contractual relationship, and advice given that might lead to harm (such as discontinuing a therapy of known efficacy and benefit).
The experience of the healing organizations in England is instructive. Malpractice insurance for healers costs about 6 pounds Sterling annually. This provides roughly the same coverage for which a general practitioner (family practice physician) pays at least 1,200 pounds annually.
Malpractice insurance is available for healers.

6. Are there any risks associated with CAM that may be of concern to your members? If so,

can you suggest ways to minimize those risks?
There are no known harmful effects of healing.

7. Should there be a mechanism to address consumer concerns or grievances about the quality of CAM practices or products? If so, what should that mechanism be?
This has not been addressed by healing organizations as yet. It is an area that deserves exploration and clarification.

8. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
The terms of reference in assessment and treatment in healing may differ substantially from those of conventional practitioners. Each may complement the other when the practitioners learn to work together, and patients may benefit from such integrative care.
Further explorations and clarifications of the best means of communication are needed. I have been exploring these questions for a dozen years with groups of doctors and healers in the UK and US, in what we are calling The Doctor-Healer Network. (See brief description of workshop under "Projects" on my site.

9. What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?
Healing is an art rather than a structured intervention. Ethical behaviors must be promoted. Objective assessments of quality of treatments is impossible to establish at this point in our understanding and applications of healing.

A further question might be of relevance:
Have there been studies of cost-effectiveness of your modality?
In England, a general practitioner showed he could save 1,000 pounds on medications alone over 6 months when a healer in his office treated 25 chronically ill patients (with a wide variety of problems). There were also fewer visits to the doctor and fewer referrals for consultations with specialists during this period.

In summary:
While it is desirable as a general principle to have professional standards for training and practice for CAM modalities, by its essential nature healing poses challenges to that goal.
To the extent that healing is taught as a specific method, the school of healing can define for its practitioners the limits for desirable and proper procedures and practices. However, until such time as objective measures of healing abilities are developed (there are suggestions for this, discussed in Healing Research, Volume I), it is difficult to see how regulation of healing could be effected more than in general procedural terms for particular modalities.
To the extent that healing is a gift present in almost everyone to some degree, it is not only undesirable but actually impossible to regulate it.

Wishing you well in your explorations of these important areas of integrative care,

Daniel J. Benor, M.D.
DB@WholisticHealingResearch.com
www.WholisticHealingResearch.com

Dear Dr. Kaczmarczyk,

Thank you so much for taking the time to speak with me about the federal government's interest in incorporating CAM into healthcare nationwide. As you know, I have been the pediatric medical director at a non-profit federally qualified health clinic (FQHC, non hipsa) for the past seven years. I have watched the growing disparity in healthcare that has developed as FQHC populations are not afforded the same healing options as are being used in the private sector.

In an attempt to lessen this gap at my clinic and in hopes of bringing the concept of integrative medicine to my community as a whole, I applied and have been accepted at the University of Arizona Associate Fellowship in Integrative Medicine. I believe that this style of practice will be at the forefront of modern, 21st century medicine. Presently, Western Medicine and alternative medicine tend to fight against each other, disabling them both. Integrative medicine acknowledges of all healing modalities, recognizing that no one theory of medicine has all the answers; each may have a significant role in the healing process.

Tuition for this program is $25,000 over two years, which I am unable to afford. However, I hope that federal grants could be used to help practitioners like myself, who are trying to give an underserved population the same quality of medical care as the private sector. Working with the
government, we can help eliminate the disparity in health care by elevating the care given at the FQHC level. I would appreciate being informed of any current or proposed funding that might aid me in this pursuit.

Please let me know when you receive this email.

Thank you again.

Sincerely,
Debra Walhof, M.D.

AMI RESPONSES TO CAM COMMISSION

Question: What does credentialing mean to us given the wide variety of its definitions, uses and misuses historically nationwide?

Answer: AMI's proprietary credentialing program, to the best of my knowledge, is the nations first credentialing program for all physicians regardless of licensure that either meets or exceeds NCQA requirements equal to MD's and DO's for the practice of primary care.

Our philosophy is that until national standards similar to those in place for MD's and DO's can be accepted and agreed upon, the mainstream business and managed care communities will always look to CAM practitioners in a non-primary care modality relegated to isolated treatment venues only.

Our philosophy is that all "physicians" with licensure and State statutes enabling them to practice medicine, as "physicians" must share a common body of knowledge that we call "western scientific evidence-based medicine". This common denominator of knowledge is what assures all decision makers whether they are the government, the business community, or the individual patient, that the quality and safety expected of a broad scope physician will be met. Our program, obviously, is limited to only those CAM professionals, which are designated as "physicians". This includes MD's, DO's, Naturopaths and Doctors of Oriental Medicine.

Ancillary CAM providers such as massage therapists, mind-body specialists or limited practitioners of acupuncture must practice under the licensure umbrella of a previously credentialed CAM physician.

Already the AMI proprietary credentialing program has been endorsed by the American Academy of Chiropractic Physicians (AACP). On May 25, 2000 AMI was announced as the National delegated authority for credentialing for members of the AACP.

Likewise, at the writing of this response many other national academies are looking into endorsing our credentialing program as well.

AMI's credentialing program is not meant to be exclusionary in any way. We have no policy for exclusivity to our programs. On the contrary, we encourage all our providers to be as active in the marketplace with as many different contracts and networks as they choose.

We believe that once "quality" is identified, all other "pseudo problems" of the CAM industry are taken care of. The proof of this are AMI's outstanding statistical results in documenting increased quality of care at dramatically reduced cost when the proper CAM physicians are allowed to practice medicine unencumbered by artificial guidelines or control of their skills. After 24 consecutive months of data on over 7000 member months (classical gatekeeper HMO), compared to normative values as published by BlueCross Blue Shield HMO Illinois our integrative medicine IPA has reduced:

- hospitalizations by over 60%
- outpatient surgery and procedures by 85%
- pharmaceutical usage by 56%

Question: What are the three most important lessons learned from AMI's credentialing experience?

Answer: AMI's credentialing process is rather rigorous. It involves passing a foundational western medicine assessment test equivalent in difficulty to Part III of the National Boards as well as onsite office and chart review. The good news is that even CAM physicians not previously experienced with managed care are able to successfully pass this program. Equally impressive is that even recent graduates specifically from National University of Health Sciences were able to pass and perform on par with physicians who had bee in practice greater than ten years or who had achieved diplomat status.

Finally, despite the rigorous nature of the credentialing process there has been little negativity or lash back from the community of providers as a whole. Our program tends to self-select physicians who already practice in a primary care fashion. This subset of CAM physicians are not insecure about their skills even with UM/UR oversight. Successful completion of AMI credentialing provides a benchmark for these physicians to document their professionalism and be able to partake in the financial benefits of mainstream managed care contracts and its financial benefits.

Finally, despite the fact AMI offers educational options to allow those physicians who fail to be recredentialed at a later date few practitioners have availed themselves of various accredited national colleges or universities in order to become retested. It appears that applicants truly self-select and very few wish to radically change the type of practice protocols they historically engage in.

Question: Please provide a description of how AMI's proprietary credentialing process works relative to primary care.

Answer: AMI's proprietary credentialing process includes many different features. It begins with a typical managed care document requiring historical demographics concerning the physicians practice, history, educational background, etc. Included in that written document is the primary care test or evaluation which allows us to assess the basic foundation of western scientific evidence-based medicine, which we feel, is required for quality/safety concerns.

This entire written application is then sent back to AMI for review by one of AMI's MD medical directors. If the applicant successfully passes the written portion of the examination a live interview on the telephone with one of AMI's MD medical directors is then scheduled to ascertain a better "live" sense of the applicant and their ability to function in an integrative medicine manner.

Pending a successful interview, a packet of educational information is then sent to the CAM physicians office to enable their office to "come up to code" to the usual standards required of managed care organizations. These educational materials provide template histories and physicals in a typical checklist format to allow for an easier compliance with NCQA and HEIDIS requirements. The materials also list requirements that the office structure must comply with to be OSHA compliant, etc.

After a short period of time to enable the office to correct any deficiencies a live site visit is then conducted to make sure that actual compliance has been achieved. After a passing grade, office operations are then addressed by scheduling an educational forum with the physicians office staff to ensure they understand how to "speak the language" of managed care and will successfully be able to manage this new experience.

The credentialing process has very different aspects depending on the particular applicant. In the case of physicians with licensure of MD and DO typically we can feel confident their western medical background is extremely strong and the primary focus of credentialing is to make sure they are true CAM providers with a great deal of experience in this arena. Our intention is to identify those more recent "converts" who still adhere to a pharmaceutical/surgery model and have merely attached a little CAM here and there to become more intune with public demand.

In the case of physicians who are licensed as DC's, ND's or DOM's our primary intent is to make sure they have an adequate foundation of western evidence-based medicine. This knowledge base enables accurate communication with MD's to ensure that a logical differential diagnosis and workup will be entertained.

We also look for experience with a wide range of primary care modalities (acupuncture, homeopathy, herbal, etc) as opposed to an isolated practice style.

In summary, the obvious conclusion we draw from the success of AMI's programs in documenting a significant increase in quality while simultaneously decreasing the cost of medical delivery is that the intuitive promise of the CAM industry is possible.

We believe that a complete reorientation from the ground up beginning at the medical school curriculum is in order. We believe that reallocation of resources from the NIH towards valid techniques of prevention are warranted. We believe that national credentialing requirements similar to the National Boards for non-MD/DO physicians is warranted.

There is no doubt in my mind that integrative medicine is the future of the healthcare industry and that a reorientation from disease-care to healthcare can only be achieved on the foundation of evidence-based western medicine together with the time tested and scientifically to be tested procedures available in the CAM armamentarium.

Richard L. Sarnat, M.D.
President

TO: White House Commission on Complementary and Alternative Medicine Policy

FROM: Association of Physicians for Eradicating Chronic Disease
American Association of Physicians for Maharishi Medical Colleges

DATE: 20 February 2001

RE: Recommendations for Complementary and Alternative Medicine (CAM practice) regulation

Given the substantial interest of the American public in CAM practices for treatment and prevention of diseases as well as health promotion, as evidenced by high rates of utilization and expenditures for CAM practices, we make the following recommendations in the areas of education, occupational regulation, and reimbursement practices for CAM services in the United States.

One overarching principle is that there are many, perhaps innumerable, systems and approaches of health care in the marketplace today included in the broad rubric of unconventional or complementary and alternative health care. We support the basic rights of self-determination and freedom of access to health modalities. On the other hand, when limited financial resources are available from governmental bodies or third party payers, we propose that these resources be disbursed along the lines of predetermined criteria. This does not limit consumers' access to health care providers, but it does provide a framework for additional support of those institutions, practitioners, and systems that meet criteria mentioned below.

The main criterion proposed for this purpose is to use evidence-based methods. This is consistent with the model of the National Institutes of Health-National Center for Complementary and Alternative Medicine which has its strategic plan to evaluate CAM methods according to objective criteria to determine which modalities are safe and effective. The principle of safety and efficacy as shown by scientific research evidence is included below in the sections on education and occupational regulation. If a CAM system or approach does not currently have a substantial body of scientific evidence supporting it, then further research and evaluation is encouraged through mechanisms already in place in the federal government, such as through NIH-NCCAM.

RE: EDUCATION

Fully trained and qualified practitioners of CAM are an important and necessary addition to the workforce. Currently, there is a shortage of formal training opportunities to systematically educate and qualify CAM practitioners.

Therefore, we propose that the federal government's role in the education of CAM practitioners be in the following ways:

1. Grants to institutions
   It is proposed that institutions of higher learning be eligible to receive development grants from the federal government. These grants would specifically support

education of CAM practitioners to provide services to the American public.

Institutions of higher learning that would be eligible for these grants include those that are:

- Licensed in their state
- Or accredited by the appropriate regional accreditation association for colleges and universities
- Offer a recognized degree in CAM practice, e.g. bachelors, masters, and/or doctoral degree

In addition, if significant funding is not available for all CAM educational institutions that apply for such funding, then priority is recommended for those institutions of CAM education that demonstrate the following criteria:

- Provide education in a CAM system that has been shown to be evidence-based (as defined above). Maharishi Vedic Medicine is one such traditional system of natural medicine that meets this criterion.
- Have a demonstrated history of educating CAM practitioners who provide health care services to communities in the US

2. Financial Aid to CAM professional students

It is proposed that the federal government provide or support financial aid to students enrolled in CAM professional training programs. This aid would take the form of scholarships and loans. To be eligible, a student would need to meet the following criteria:

- Be enrolled in an institution of higher education as defined above in #1, including priority criteria
- Be enrolled in bachelors, masters, or doctoral degree program in CAM practice

In addition, loans may be forgiven, if graduates of these programs provide CAM service in the underserved community for a specified period of time after graduation. This would be analogous to federal educational support given to students who later practice other forms of health care in with the US Public Health Service.

RE: OCCUPATIONAL REGULATION

It is proposed that the federal government encourage certification of CAM practitioners. Health care services provided by such a certified practitioner would be eligible for reimbursement by federal/state health care programs such as Medicare and Medicaid. We re-emphasize that certification would not be required to practice CAM so that freedom of access and choice remain available to consumers. However, given the potentially limited funding available for reimbursement of health care services, we recommend that priority for reimbursement be given to services provided by certified practitioners.

These certified practitioners would meet the following criteria:

Successfully graduated from a CAM professional training program from a recognized institution as described above

Approved by a professional practice association as meeting a high level of professional qualifications and practice standards within the respective CAM field

If a candidate is trained outside the US, he/she may be recognized by the US professional practice association as possessing at least the equivalent level of education, training, experience, and practice standards as provided by an approved American educational institution

We recommend that those professional associations that practice an evidence-based system of CAM be given priority for recognition for professional certification.

- Furthermore, we recommend that the federal government encourage private third party payers to reimburse for CAM services according to the same guidelines as above.