

# ***Statutes and Regulations*** **Chiropractors**

**March 2011**

*(Centralized Statutes and Regulations not included)*



DEPARTMENT OF COMMERCE, COMMUNITY,  
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS  
AND PROFESSIONAL LICENSING***

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**CHAPTER 20.  
CHIROPRACTORS.**

**Article**

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- 2. Licensing and Regulation (§§ 08.20.100—08.20.185)**
- 3. Unlawful Acts and Penalties (§§ 08.20.200—08.20.210)**
- 4. General Provisions (§§ 08.20.230—08.20.900)**

**ARTICLE 1.  
BOARD OF CHIROPRACTIC EXAMINERS.**

**Section**

- 10. Creation and membership of Board of Chiropractic Examiners**
- 20. Members of board**
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- 40. Organization of board**
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**Sec. 08.20.010. Creation and membership of Board of Chiropractic Examiners.** There is created the Board of Chiropractic Examiners consisting of five members appointed by the governor.

**Sec. 08.20.020. Members of board.** Four members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member of the board shall be a person with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law.

**Sec. 08.20.025. Removal of board members.** A member of the board may be removed from office by the governor for cause.

**Sec. 08.20.040. Organization of board.** Every two years, the board shall elect from its membership a president, vice-president and secretary.

**Sec. 08.20.050. Power of officers to administer oaths and take testimony.** The president and the secretary may administer oaths in conjunction with the business of the board.

**Sec. 08.20.055. Board regulations.** The board shall adopt substantive regulations necessary to effect the provisions of this chapter, including regulations establishing standards for

- (1) continuing education; and
- (2) the application, performance, and evaluation of chiropractic core methodology.

**Sec. 08.20.060. Seal.** The board shall adopt a seal and affix it to all licenses issued.

**Sec. 08.20.090. Quorum of board.** A majority of the board constitutes a quorum for the transaction of business.

**ARTICLE 2.  
LICENSING AND REGULATION.**

**Section**

- 100. Practice of chiropractic**
- 110. Application for license**
- 120. Qualifications for license**
- 130. Examinations**
- 141. Licensure by credentials**
- 155. Professional designation**
- 160. Temporary permits**
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**Sec. 08.20.100. Practice of chiropractic.** (a) A person may not practice chiropractic or use chiropractic core methodology in the state without a license.

(b) A person licensed under this chapter may

(1) analyze, diagnose, or treat the chiropractic condition of a patient by chiropractic core methodology or by ancillary methodology;

(2) accept referrals for chiropractic treatment;

(3) consult on chiropractic matters;

(4) refer patients to other health care professionals;

(5) sign

(A) within the scope of chiropractic practice, certificates of physical examinations for children before they enter school;

(B) reports for excuses from employment and from attendance at school or participation in sports activities; and

(C) authorizations for sick leave;

(6) perform preemployment and workplace health examinations;

(7) provide disability and physical impairment ratings; and

(8) provide retirement health and disability authorizations and recommendations.

(c) A person licensed under this chapter is not authorized to sign affidavits exempting school children from immunization requirements under AS 14.30.125 or to administer or interpret the results of infectious disease tests required by statute or regulation.

**Sec. 08.20.110. Application for license.** A person desiring to practice chiropractic shall apply in writing to the board.

**Sec. 08.20.120. Qualifications for license.** (a) An applicant shall be issued a license to practice chiropractic if the applicant

(1) has a high school education or its equivalent;

(2) has successfully completed at least two academic years of study in a college of liberal arts or sciences or has engaged in the active licensed practice of chiropractic for three of the four years preceding the filing of the application;

(3) is a graduate of a school or college of chiropractic that

(A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or

(B) if an accrediting agency under (A) of this paragraph does not exist, requires the completion of a minimum of 4,000 hours of formal education and training in order to graduate, including

(i) 150 hours of chiropractic philosophy or principles;

(ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;

(iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-ray; and

(iv) 700 hours of clinical training;

(4) completes 120 hours of formal training in physiological therapeutics;

(5) passes an examination given by the board; and

(6) passes, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board.

(b) Repealed 1996.

**Sec. 08.20.130. Examinations.** (a) Examinations for a license to practice chiropractic may be held in the time and manner fixed by the board.

(b) The examination may include practical demonstration and oral and written examination in those subjects usually taught in accredited chiropractic schools.

(c) A general average rating of 75 percent is a passing grade on the examination.

(d) An applicant may take a reexamination within one year after failing the examination.

**Sec. 08.20.141. Licensure by credentials.** The board may issue a license by credentials to an applicant who pays the appropriate fee and presents satisfactory proof that the applicant

(1) is a graduate of a school or college of chiropractic that

(A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or

(B) if an accrediting agency under (A) of this paragraph does not exist, requires the completion of a minimum of 4,000 hours of formal education and training in order to graduate, including

(i) 150 hours of chiropractic philosophy or principles;

(ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;

(iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-rays; and

(iv) 700 hours of clinical training;

(2) has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application; for purposes of this paragraph, "good standing" means that

(A) no action has been reported about the applicant in the national licensee database of the Federation of Chiropractic Licensing Boards;

(B) the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based on a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;

(C) the applicant has not been convicted of a felony within the five years preceding the date of application;

(3) has been in active licensed clinical chiropractic practice for at least three of the five years immediately preceding the date of application;

(4) has passed, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board;

(5) has passed an examination approved by the board that is designed to test the applicant's knowledge of the laws of the state governing the practice of chiropractic and the regulations adopted under those laws; and

(6) has completed 120 hours of formal training in physiological therapeutics or has passed, to the satisfaction of the board, a physiological therapeutics examination of the National Board of Chiropractic Examiners required by the board.

**Sec. 08.20.155. Professional designation.** Notwithstanding the provisions of AS 08.02.010 relating to specialist designations, a person licensed under this chapter may not designate a specialty unless the person has completed a postgraduate specialty program at an accredited school approved by the board and the person has passed a certification exam for the specialty approved by the board. All specialty designations must include the term "chiropractic"

**Sec. 08.20.160. Temporary permits.** Temporary permits may be issued to persons apparently qualified until the next regular meeting of the board.

**Sec. 08.20.163. Temporary permit for locum tenens practice.** (a) The board may grant a temporary permit to a chiropractor for the purpose of the chiropractor's substituting for another chiropractor licensed in this state. The permit is valid for 60 consecutive days. If circumstances warrant, an extension of the permit may be granted by the board.

(b) A chiropractor applying under (a) of this section shall pay the required fee and shall meet the

(1) requirements of AS 08.20.120; or

(2) following requirements:

(A) submit evidence of a current license in good standing, including

(i) no action reported in the national licensee database of the Federation of Chiropractic Licensing Boards;

(ii) not having been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients; and

(iii) no conviction for a felony within the five years preceding the date of application;

(B) submit evidence of five years of active licensed clinical practice;

(C) be a graduate of a school or college of chiropractic that is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board;

(D) have completed 120 hours of formal training in physiological therapeutics or have passed, to the satisfaction of the board, a physiological therapeutic examination of the National Board of Chiropractic Examiners required by the board;

(E) have passed, to the satisfaction of the board, Parts I and II of the examination of the National Board of Chiropractic Examiners; and

(F) pass an examination given by the board.

(c) Permits and extensions of permits issued under this section to an individual are not valid for more than 240 days during any consecutive 24 months.

**Sec. 08.20.165. Inactive license status.** (a) A licensee who does not practice in the state may convert a license to inactive status when renewing the license. A person who practices in the state, however infrequently, shall hold an active license. A person renewing an inactive license shall meet the same renewal requirements that would be applicable if the person were renewing an active license.

(b) A person who has an inactive license certificate under (a) of this section may reactivate the license by

applying for an active license and paying the required fees.

**Sec. 08.20.167. Retired license status.** (a) Upon retiring from practice and upon payment of an appropriate one-time fee, a licensee in good standing with the board may apply for the conversion of an active or inactive license to a retired status license. A person holding a retired status license may not practice chiropractic in the state. A retired status license is valid for the life of the license holder and does not require renewal. A person holding a retired status license is exempt from continuing education requirements adopted by the board under AS 08.20.170 (d).

(b) A person with a retired status license may apply for active licensure. Before issuing an active license under this subsection, the board may require the applicant to meet reasonable criteria, as determined under regulations of the board, that may include submission of continuing education credits, reexamination requirements, physical and psychiatric examination requirements, an interview with the board, and a review of information in the national licensee database of the Federation of Chiropractic Licensing Boards.

**Sec. 08.20.170. Disciplinary sanctions; refusal to issue or renew license.** (a) The board may impose a disciplinary sanction on a person licensed under this chapter or refuse to issue a license under this chapter when the board finds that the person

(1) secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation;  
(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of

(A) a felony or other crime that affects the person's ability to practice competently and safely; or

(B) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards established by regulation regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued or attempted to practice after becoming unfit due to

(A) professional incompetence;

(B) addiction or severe dependency on alcohol or a drug that impairs the person's ability to practice safely;

(C) physical or mental disability or an infectious or contagious disease;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients; or

(9) failed to satisfy continuing education requirements adopted by the board.

(b) AS 44.62 (Administrative Procedure Act) applies to any action taken by the board for the suspension or revocation of a license.

(c) A person whose license is suspended or revoked may within two years from date of suspension apply for reinstatement, and if the board is satisfied that the applicant should be reinstated, it shall order reinstatement.

(d) The board shall adopt regulations which ensure that renewal of license is contingent on proof of continued competency by a practitioner.

**Sec. 08.20.180. Fees.** (a) An applicant for an examination, reexamination, issuance of a temporary permit under AS 08.20.160, issuance of a locum tenens permit under AS 08.20.163, issuance of a license by credentials under AS 08.20.141, one-time issuance of a retired status license, or initial issuance or renewal of an active or inactive license shall pay a fee established under AS 08.01.065.

(b) *Repealed Sec. 24 ch. 22 SLA 2001.*

**Sec. 08.20.185. Peer review committee; confidentiality.** (a) In addition to peer review authorized under AS 08.01.075, the board may establish a peer review committee to review complaints concerning the reasonableness or appropriateness of care provided, fees charged, or costs for services rendered by a licensee to a patient. A review conducted by a peer review committee under this section may be utilized by the board in considering disciplinary action against a licensee but the results or recommendations of a peer review committee are not binding upon the board. A member of a peer review committee established under this section who in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

(b) The board shall charge a complainant a fee, established under AS 08.01.065, for peer review under this section.

(c) Patient records presented to a peer review committee for review under this section that were confidential before their presentation to the committee are confidential to the committee members and to the board members and are not subject to inspection or copying under AS 40.25.110 - 40.25.125. A committee member or board member to whom confidential records are presented under this subsection shall maintain the confidentiality of the records. A person who violates this subsection is guilty of a class B misdemeanor.

**ARTICLE 3.**  
**UNLAWFUL ACTS AND PENALTIES.**

**Section**

**200. Unlicensed practice a misdemeanor**

**210. Fraudulent certificates**

**Sec. 08.20.200. Unlicensed practice a misdemeanor.** A person who practices chiropractic in the state without a license in violation of AS 08.20.100 is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than \$1,000, or by imprisonment for not more than a year, or by both.

**Sec. 08.20.210. Fraudulent certificates.** Any person who obtains or attempts to obtain a chiropractic certificate by dishonest or fraudulent means, or who forges, counterfeits, or fraudulently alters a chiropractic certificate is punishable by a fine of not more than \$500, or by imprisonment for not more than six months, or by both.

**ARTICLE 4.**  
**GENERAL PROVISIONS.**

**Section**

**230. Practice of chiropractic**

**900. Definitions**

**Sec. 08.20.230. Practice of chiropractic.** The practice of chiropractic

(1) addresses ramifications of health and disease with a special emphasis on biomechanical analysis, interpretation and treatment of the structural and functional integrity of skeletal joint structures, and the physiological efficiency of the nervous system as these matters relate to subluxation complex; and

(2) involves the diagnosis, analysis, or formulation of a chiropractic diagnostic impression regarding the chiropractic conditions of the patient to determine the appropriate method of chiropractic treatment.

**Sec. 08.20.900. Definitions.** In this chapter,

(1) "ancillary methodology" means employing within the scope of chiropractic practice, with appropriate training and education, those methods, procedures, modalities, devices, and measures commonly used by trained and licensed health care providers and includes

(A) physiological therapeutics; and

(B) counseling on dietary regimen, sanitary measures, physical and mental attitudes affecting health, personal hygiene, occupational safety, lifestyle habits, posture, rest, and work habits that enhance the effects of chiropractic adjustment;

(2) "board" means the Board of Chiropractic Examiners;

(3) "chiropractic" is the clinical science of human health and disease that focuses on the detection, correction, and prevention of the subluxation complex and the employment of physiological therapeutic procedures preparatory to and complementary with the correction of the subluxation complex for the purpose of enhancing the body's inherent recuperative powers, without the use of surgery or prescription drugs; the primary therapeutic vehicle of chiropractic is chiropractic adjustment;

(4) "chiropractic adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point of the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuro-muscular, neuro-vascular, neuro-cranial, or neuro-lymphatic reflex technique procedures;

(5) "chiropractic core methodology" means the treatment and prevention of subluxation complex by chiropractic adjustment as indicated by a chiropractic diagnosis and includes the determination of contra-indications to chiropractic adjustment, the normal regimen and rehabilitation of the patient, and patient education procedures; chiropractic core methodology does not incorporate the use of prescription drugs, surgery, needle acupuncture, obstetrics, or x-rays used for therapeutic purposes;

(6) "chiropractic diagnosis" means a diagnosis made by a person licensed under this chapter based on a chiropractic examination;

(7) "chiropractic examination" means an examination of a patient conducted by or under the supervision of a person licensed under this chapter for the express purpose of ascertaining whether symptoms of subluxation complex exist and consisting of an analysis of the patient's health history, current health status, results of diagnostic procedures including x-ray and other diagnostic imaging devices, and postural, thermal, physical, neuro-physical, and spinal examinations that focuses on the discovery of

(A) the existence and etiology of disrelationships of skeletal joint structures; and

(B) interference with normal nerve transmission and expression;

(8) “manipulation” means an application of a resistive movement by applying a nonspecific force without the use of a thrust, that is directed into a region and not into a focal point of the anatomy for the general purpose of restoring movement and reducing fixations;

(9) “physiological therapeutics” means the therapeutic application of forces that induce a physiologic response and use or allow the natural processes of the body to return to a more normal state of health; physiological therapeutics encompasses the diagnosis and treatment of disorders of the body, utilizing

(A) manipulation;

(B) the natural healing forces associated with air, cold, heat, electricity, exercise, light, massage, water, nutrition, sound, rest, and posture;

(C) thermotherapy, cryotherapy, high frequency currents, low frequency currents, interferential currents, hydrotherapy, exercise therapy, rehabilitative therapy, meridian therapy, vibratory therapy, traction and stretching, bracing and supports, trigger point therapy, and other forms of therapy;

(10) “subluxation complex” means a biomechanical or other disrelation or a skeletal structural disrelationship, misalignment, or dysfunction in a part of the body resulting in aberrant nerve transmission and expression.

**CHAPTER 16.**  
**BOARD OF CHIROPRACTIC EXAMINERS.**

**Article**

1. **The Board (12 AAC 16.010—12 AAC 16.020)**
2. **Licensing (12 AAC 16.030—12 AAC 16.270)**
3. **Continuing Education (12 AAC 16.280—12 AAC 16.390)**
4. **Peer Review (12 AAC 16.400—12 AAC 16.430)**
5. **General Provisions (12 AAC 16.900—12 AAC 16.990)**

**ARTICLE 1.**  
**THE BOARD.**

**Section**

10. **Objectives**
20. **Meetings**

**12 AAC 16.010. OBJECTIVES.** (a) It is the objective of the board to foster professional standards consistent with the best interests of the public.

(b) It is the objective of the board to adhere to the Code of Ethics of the American Chiropractic Association or International Chiropractic Association as a basis for considering what comprises the duties and obligations of chiropractors to the public.

**Authority:** AS 08.20.055

**12 AAC 16.020. MEETINGS.** The board will, in its discretion, meet at least twice each year for the transaction of business and examination of applicants.

**Authority:** AS 08.20.055 AS 08.20.130

**ARTICLE 2.**  
**LICENSING.**

**Section**

30. **Application for licensure by examination**
31. **Application for temporary permit for locum tenens practice**
32. **(Repealed)**
33. **Application for licensure by credentials**
35. **(Repealed)**
37. **National examination requirements**
40. **Evaluation of academic study in liberal arts or science**
45. **Accredited school or college**
46. **Chiropractic specialty designation**
47. **Chiropractic specialty program criteria**
48. **Approved chiropractic specialty programs**
50. **(Repealed)**
60. **(Repealed)**
70. **(Repealed)**
80. **(Repealed)**
90. **(Repealed)**
100. **(Repealed)**
110. **(Repealed)**
120. **(Repealed)**
130. **State chiropractic examination**
140. **(Repealed)**
150. **Reexamination**
160. **(Repealed)**
170. **Special examination**
180. **(Repealed)**
185. **(Repealed)**
190. **(Repealed)**
200. **Temporary permits**
205. **Courtesy license**

- 210. (Repealed)
- 211. (Repealed)
- 220. (Repealed)
- 230. (Repealed)
- 240. (Repealed)
- 250. (Repealed)
- 260. (Repealed)
- 270. (Repealed)

**12 AAC 16.030. APPLICATION FOR LICENSURE BY EXAMINATION.** (a) Except as provided in (b) of this section, a person applying for chiropractic licensure by examination shall submit, at least 45 days before the next scheduled state chiropractic examination,

- (1) a completed application on a form provided by the department;
- (2) the fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant has met the education requirements of AS 08.20.120(a)(1), (3), and (4);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has passed the applicable examination described in 12 AAC 16.037;
- (5) either
  - (A) official college transcripts showing that the applicant has met the education requirements of AS 08.20.120(a)(2); or
  - (B) evidence of active licensed practice of chiropractic for at least three of the four years preceding the date that the application was filed;
- (6) if the applicant holds or has ever held a license to practice chiropractic, verification of the present status of the applicant's license from each jurisdiction where the applicant holds or has ever held a license to practice chiropractic, sent directly to the department from the licensing jurisdiction; and
- (7) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

(b) The board may approve an applicant to take the state chiropractic examination before the applicant meets the requirements of (a)(3), (4), and (5)(A) of this section, if the registrar of the applicant's chiropractic college provides a letter to the board verifying that the applicant

- (1) is currently enrolled in the chiropractic college;
  - (2) is actively pursuing completion of a chiropractic curriculum; and
  - (3) has obtained senior status and is working on the clinical portion of the curriculum.
- (c) *Repealed 1/29/2009.*

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.170  
 AS 08.20.110 AS 08.20.130

**12 AAC 16.031. APPLICATION FOR TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE.**

(a) A person applying for a temporary permit for locum tenens practice must meet the applicable requirements of AS 08.20.163 and this section, including passing the state chiropractic examination described in 12 AAC 16.130.

(b) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(1) and this section shall submit

- (1) a completed application on a form provided by the department;
- (2) the applicable fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.120(a)(2) - (4); and
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the applicable national examinations described in 12 AAC 16.037.

(c) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(2) and this section shall submit

- (1) a completed application on a form provided by the department;
- (2) the applicable fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.163(b)(2)(C) and (D);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the examinations described in AS 08.20.163(b)(2)(D) and (E);
- (5) verification of practice showing that the applicant meets the requirements of AS 08.20.163(b)(2)(B);

(6) verification of the applicant's licensure status and complete information regarding any disciplinary action or investigation taken or pending, sent directly to the department from all licensing jurisdictions where the applicant holds or has ever held a chiropractic license; and

(7) a notarized, sworn statement by the applicant that the applicant has not been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on ability or competence to engage in the practice of chiropractic or the safety or well-being of patients;

(8) *repealed 5/27/2006.*

(d) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163 and this section shall submit

(1) a notarized, sworn statement by the chiropractor licensed in this state for whom the applicant will substitute, including the dates of the substitute practice and the date that the chiropractor licensed in this state will resume practice; and

(2) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

**Authority:** AS 08.20.055 AS 08.20.163 AS 08.20.170  
AS 08.20.120

**12 AAC 16.032. APPLICATION FOR LICENSURE BY CREDENTIALS.** *Repealed 12/7/97.*

**12 AAC 16.033. APPLICATION FOR LICENSURE BY CREDENTIALS.** An applicant for licensure by credentials must meet the requirements of AS 08.20.141, pass the examination required under AS 08.20.141(5), and submit, at least 45 days before the next scheduled state chiropractic examination, the following:

(1) a completed application on a form provided by the department;

(2) the applicable fees established in 12 AAC 02.150;

(3) evidence that the applicant has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application;

(4) verification of the present status of the applicant's license from each jurisdiction where the applicant holds or has ever held a license to practice chiropractic;

(5) evidence of active licensed clinical chiropractic practice for at least three out of the last five years immediately preceding the date of application;

(6) official transcripts showing that the applicant is a graduate of a school or college of chiropractic that was, at the time of graduation, accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board;

(7) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed either the Special Purposes Examination of Chiropractic (SPEC) or both parts one and two of the national examination;

(8) either

(A) evidence of completion of 120 hours of formal training in physiological therapeutics; or

(B) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the physiological therapeutics examination;

(9) a notarized sworn statement by the applicant that the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;

(10) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

**Authority:** AS 08.20.055 AS 08.20.130 AS 08.20.170  
AS 08.20.110 AS 08.20.141

**12 AAC 16.035. LICENSE-BY-EXAMINATION; NATIONAL BOARD CERTIFICATION.** *Repealed 5/10/90.*

**12 AAC 16.037. NATIONAL EXAMINATION REQUIREMENTS.** (a) To satisfy the examination requirements of AS 08.20.120(a)(6), an applicant must pass each subject of the following parts of the examination of the National Board of Chiropractic Examiners, and the elective physiotherapy examination;

(1) if the applicant graduated before 1987 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one and two of the national examination;

(2) if the applicant graduated after 1986 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one, two, and three of the national examination.

(b) An applicant who has been in the active practice of chiropractic for five continuous years before the date of application for a license in the state may substitute successful passage of the Special Purposes Examination of Chiropractic (SPEC) of the National Board of Chiropractic Examiners for part three of the examination of the National Board of Chiropractic Examiners.

(c) To pass a national examination subject, an applicant must achieve a minimum score of

(1) 75 percent for an examination taken before October 1983; or

(2) 375 for an examination taken on or after October 1983.

(d) Beginning September 1, 1998, to satisfy the examination requirements of AS 08.20.120(a)(6), in addition to the requirements of (a) of this section, an applicant must also pass part four of the national examination.

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.130

**12 AAC 16.040. EVALUATION OF ACADEMIC STUDY IN LIBERAL ARTS OR SCIENCE.** After evaluating an applicant's academic study as required by AS 08.20.120(a)(3), it must be apparent that the course of academic study corresponds with that which is available from the University of Alaska or is acceptable to a regional accrediting agency for approved colleges of liberal arts or sciences.

**Authority:** AS 08.20.055 AS 08.20.120

**12 AAC 16.045. ACCREDITED SCHOOL OR COLLEGE.** (a) For the purpose of AS 08.20.120(a)(3), an accredited school or college of chiropractic is a chiropractic program or institution that is accredited by or meets standards equivalent to those of the Council on Chiropractic Education.

(b) The definition in (a) of this section applies to all colleges of chiropractic from which an applicant for licensure matriculates after the effective date of this section.

**Authority:** AS 08.20.055 AS 08.20.120

**12 AAC 16.046. CHIROPRACTIC SPECIALTY DESIGNATION.** (a) A chiropractor licensed under AS 08.20 and this chapter applying for an initial or renewal specialty chiropractic designation shall submit

(1) a completed application on a form provided by the department;

(2) the specialty designation fee established in 12 AAC 02.150;

(3) for the initial specialty chiropractic designation, documentation of the successful completion of a postgraduate specialty program at an accredited school approved by the board, mailed directly to the department from the accredited school;

(4) documentation of certification or diplomate status issued by the certification program or diplomate board verifying that the licensee has met the protocols, guidelines, standards, continuing competency examinations, and coursework established by the certification program or diplomate board, mailed directly to the department from the certifying body.

(b) Upon approval by the board, the department will issue a new license with the specialty designation.

**Authority:** AS 08.20.055 AS 08.20.155

**12 AAC 16.047. CHIROPRACTIC SPECIALTY PROGRAM CRITERIA.** (a) To be approved by the board, a postgraduate diplomate chiropractic specialty program must

(1) be comprised of a minimum of 300 classroom hours; and

(2) require passage of appropriate examinations administered by the approved specialty board.

(b) To be approved by the board, a postgraduate chiropractic specialty certification program must

(1) be offered by a program or institution accredited by the Council on Chiropractic Education;

(2) be comprised of a minimum of 120 classroom hours; and

(3) require passage of appropriate examinations administered by the approved program.

**Authority:** AS 08.20.055 AS 08.20.155

**12 AAC 16.048. APPROVED CHIROPRACTIC SPECIALTY PROGRAMS.** (a) The following postgraduate diplomate specialty programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:

(1) Chiropractic Diagnostic Imaging (DACBR) program administered by the American Chiropractic Association Council on Diagnostic Imaging (Roentgenology);

- (2) Chiropractic Rehabilitation (DACRB) program administered by the American Chiropractic Association Council on Chiropractic Physiological Therapeutics and Rehabilitation;
  - (3) Chiropractic Clinical Nutrition (DACBN) program administered by the American Chiropractic Association Council on Nutrition;
  - (4) Chiropractic Diagnosis and Management of Internal Disorders (DABCI) program administered by the American Chiropractic Association Council on Family Practice;
  - (5) Chiropractic Orthopedics (DABCO) program administered by the American Chiropractic Association Council on Orthopedists;
  - (6) Chiropractic Clinical Neurology program administered by the
    - (A) American Chiropractic Academy of Neurology (DACAN or FACCN);
    - (B) American Chiropractic Association Council on Neurology (DABCN);
    - (C) American Chiropractic Neurology Board (DACNB);
  - (7) Chiropractic Sports Physician (DACBSP) program administered by the American Chiropractic Board of Sports Physicians;
  - (8) Chiropractic Forensics (DABFP) program administered by the American Board of Forensic Professionals.
- (b) The following postgraduate specialty certification programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:
- (1) Certified Chiropractic Sports Physician (CCSP) program administered by the American Chiropractic Association Sports Council;
  - (2) Certificate in Chiropractic Thermography (CACBT) program administered by the American Chiropractic Association Council on Thermography;
  - (3) Certificate in Chiropractic Pediatrics program administered by the International Chiropractors Association (ICA) Council on Chiropractic Pediatrics.
- (c) The board may approve other postgraduate diplomate specialty programs or specialty certification programs upon written request by the program sponsor. In order to be approved by the board, the program sponsor must include in the written request documentation showing that the program meets the requirements in 12 AAC 16.047.

**Authority:** AS 08.20.055 AS 08.20.155

**12 AAC 16.050. NOTIFICATION.** *Repealed 6/3/89.*

**12 AAC 16.060. SCHEDULE.** *Repealed 9/30/81.*

**12 AAC 16.070. BASIS OF QUESTIONS.** *Repealed 8/21/91.*

**12 AAC 16.080. IDENTIFICATION OF EXAMINATION APPLICANTS.** *Repealed 1/6/2002.*

**12 AAC 16.090. METHOD OF EXAMINATION.** *Repealed 6/3/89.*

**12 AAC 16.100. MATERIALS.** *Repealed 1/6/2002.*

**12 AAC 16.110. LEAVING THE EXAMINATION ROOM.** *Repealed 1/6/2002.*

**12 AAC 16.120. DISTURBANCE.** *Repealed 1/6/2002.*

**12 AAC 16.130. STATE CHIROPRACTIC EXAMINATION.** (a) The state chiropractic examination consists of a written and oral examination, administered by the board or the board's agent, covering AS 08.01 – AS 08.03, AS 08.20, 12 AAC 02, 12 AAC 16, and 18 AAC 85, and any other subjects that the board determines are necessary to demonstrate knowledge of chiropractic as defined in AS 08.20.

(b) An examination candidate may not

- (1) have on the examination table any paper or object other than the examination questions, examination paper, blotter, pencil, pens, ink, eraser, and a timepiece;
- (2) while the examination is in session, leave the examination room for any reason, unless accompanied by a proctor or board member;
- (3) communicate with another candidate during the examination; communication with another candidate will result in immediate dismissal from the entire examination.

(c) A score of 75 percent or above is required to receive a passing grade on the state chiropractic examination.

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.130

**12 AAC 16.140. FAILED SUBJECTS.** *Repealed 5/10/98.*

**12 AAC 16.150. REEXAMINATION.** An applicant who has failed the state chiropractic examination may apply for reexamination by submitting to the board at least 30 days before the next scheduled examination

- (1) a written request for reexamination; and

- (2) *repealed 5/10/98;*
- (3) the examination fee established in 12 AAC 02.150.

**Authority:** AS 08.20.055 AS 08.20.130

**12 AAC 16.160. TIME.** *Repealed 9/30/81.*

**12 AAC 16.170. SPECIAL EXAMINATION.** (a) *Repealed 5/27/2006.*

(b) A special examination may be administered at a time other than during a scheduled examination to an applicant for a locum tenens permit that meets the requirements of AS 08.20.163 and 12 AAC 16.031.

**Authority:** AS 08.20.055 AS 08.20.130

**12 AAC 16.180. RECONSIDERATION OF PAPERS.** *Repealed 6/3/89.*

**12 AAC 16.185. EXAMINERS.** *Repealed 5/10/98.*

**12 AAC 16.190. LICENSES AND CERTIFICATES.** *Repealed 1/29/2009.*

**12 AAC 16.200. TEMPORARY PERMITS.** (a) The board may issue a temporary permit to an applicant for licensure by examination or credentials who is scheduled to sit for the next state chiropractic examination and who otherwise

- (1) meets the requirements of 12 AAC 16.030(a) or 12 AAC 16.033, as applicable;
- (2) furnishes the board with the name of the licensed chiropractor in the state with whom the applicant will associate while practicing under the authority of the temporary permit;
- (3) has not previously taken and failed the examination; and
- (4) has not previously held a temporary permit.

(b) *Repealed 12/7/97.*

(c) A temporary permit holder must

(1) provide the board with a statement, sworn to by a licensed chiropractor in the state with whom the temporary permit holder will practice, that the licensed chiropractor assumes all legal liability for the practice of the temporary permit holder and is physically present in the same facility when the temporary permit holder is practicing;

(2) display the temporary permit in a conspicuous place in the office where the holder practices chiropractic; and

(3) inform the board of a change in the temporary permit holder's mailing and practicing address.

(d) A temporary permit is valid until the results of the next scheduled examination are received by the applicant. If an applicant is unable to appear for the first scheduled examination, the board will, in its discretion, extend the temporary permit until the results of the next scheduled examination are received. The board will not extend a temporary permit more than once.

(e) If, after having been warned by the board once, a permittee continues to practice in an unethical or unlawful manner, the board will, in its discretion, terminate that permittee's temporary permit.

**Authority:** AS 08.20.055 AS 08.20.160 AS 08.20.170

**12 AAC 16.205. COURTESY LICENSE.** (a) The board will issue a courtesy license to an applicant who meets the requirements of this section. A courtesy license authorizes the licensee to practice chiropractic for a special event only. A courtesy license does not authorize the licensee to conduct a general chiropractic practice or to perform services outside the scope of practice specified in the courtesy license required for that special event.

(b) An applicant for a courtesy license must submit a complete application on a form provided by the department no later than 45 days before the special event for which the courtesy license is requested. A complete application includes

- (1) the applicable fees established in 12 AAC 02.150;
- (2) a current signed photograph of the applicant;
- (3) a certification from the applicant certifying that the applicant is not a resident of this state;
- (4) verification of a valid and active license to practice chiropractic in another state or other jurisdiction for the scope of practice specified in the application;
- (5) a description of the special event for which the courtesy license is requested;
- (6) the scope of practice required for the special event;
- (7) certification that the applicant has not
  - (A) had a chiropractor license suspended or revoked in any jurisdiction; and
  - (B) been convicted of
    - (i) a felony or other crime that affects the applicant's ability to practice chiropractic competently and safely; or
    - (ii) a crime involving the unlawful procurement, sale, prescription, or dispensing of a controlled

substance listed in AS 11.71.140 – 11.71.190 or conviction in another jurisdiction of a crime having substantially similar elements;

(8) a report, issued by the applicant's primary state of residence no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant; if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, a complete application also includes a report, issued by that state no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant.

(c) A courtesy license will be issued only after the department receives the results of a background check of the applicant from the Federation of Chiropractic Licensing Boards that reports no disciplinary action against the applicant.

(d) The board will waive the 45-day application deadline in (b) of this section if the board determines that the applicant's failure to meet the application deadline is for good cause beyond the control of the applicant. If the board grants the applicant a waiver under this subsection, the applicant may submit a notarized copy of the applicant's license that meets the requirements of (b)(4) of this section in place of license verification from the other jurisdiction.

(e) A document required by (b) or (d) of this section that is not in English must be accompanied by a certified English translation of the document.

(f) A courtesy license is valid for a period beginning seven days before and ending seven days after the event for which the courtesy license was issued. A person may not be issued more than two courtesy licenses in a 12-month period.

(g) The holder of a courtesy license must meet the minimum professional standards of 12 AAC 16.920 and is subject to the discipline under AS 08.01.075 and AS 08.20.170.

(h) The holder of a courtesy license is limited to the practice of chiropractic identified under AS 08.20.100, 08.20.230, and 08.20.900, and may not exceed the scope of practice specified in the courtesy license.

(i) The holder of a courtesy license may offer chiropractic services only to those individuals involved with the special event for which the courtesy license was issued, such as athletes, coaches, and staff.

(j) In this section, "special event" means an athletic, cultural, or performing arts event held in this state.

**Authority:** AS 08.01.062 AS 08.20.055 AS 08.20.170

**12 AAC 16.210. ASSOCIATES.** *Repealed 9/30/81.*

**12 AAC 16.211. CHIROPRACTIC ASSOCIATES.** *Repealed 6/29/84.*

**12 AAC 16.220. DUPLICATE LICENSES.** *Repealed 6/3/89.*

**12 AAC 16.230. MISREPRESENTATION.** *Repealed 6/29/84.*

**12 AAC 16.240. UNPROFESSIONAL CONDUCT.** *Repealed 6/29/84.*

**12 AAC 16.250. VIOLATIONS.** *Repealed 6/29/84.*

**12 AAC 16.260. ADVERTISING.** *Repealed 9/30/81.*

**12 AAC 16.270. DEFINITIONS.** *Repealed 6/29/84.*

### **ARTICLE 3. CONTINUING EDUCATION.**

#### **Section**

- 280. Statement of purpose of continuing education**
- 290. Hours of continuing education required**
- 300. Computation of nonacademic continuing education hours**
- 310. Computation of academic credit continuing education hours**
- 320. Approved subjects**
- 330. Nonacademic program criteria**
- 340. Approved nonacademic continuing education programs**
- 345. Application for continuing education course approval**
- 350. Individual study**
- 360. Instructor or discussion leader**
- 370. Publications**
- 380. (Repealed)**
- 390. Renewal and reinstatement of license**

**12 AAC 16.280. STATEMENT OF PURPOSE OF CONTINUING EDUCATION.** The purpose of continuing chiropractic education is to insure that the renewal of licenses is contingent upon proof of continued competency and to assure the consumer of an optimum quality of chiropractic health care by requiring licensed chiropractors to pursue education designed to advance their professional skills and knowledge.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.290. HOURS OF CONTINUING EDUCATION REQUIRED.** (a) Except as provided in (c) of this section, an applicant for renewal of a chiropractic license shall obtain and document successful completion of 24 credit hours of approved continuing education during the concluding licensing period.

(b) At least one-third and no more than one-half of the total hours required in (a) of this section must be devoted to radiographic safety, radiographic techniques and interpretation, or diagnostic imaging.

(c) An applicant for renewal of a chiropractic license for the first time shall obtain and document successful completion of 12 credit hours of approved continuing education for each complete calendar year the applicant was licensed during the concluding licensing period.

(d) Two of the hours required in (a) of this section will be credited to each applicant for renewal for completing the jurisprudence review prepared by the board, covering the provisions of AS 08.20 and this chapter. An applicant for renewal must verify, in an affidavit, that the applicant has complied with this subsection before the applicant's license renewal will be processed.

(e) An applicant for renewal of a license to practice chiropractic shall submit, on a form provided by the department, a sworn statement of the continuing education that the applicant completed during the concluding licensing period. The statement must include the following information:

- (1) sponsoring organization;
- (2) title and description of the course;
- (3) dates of attendance or period of correspondence;
- (4) the number of continuing education hours claimed;
- (5) the course approval number issued by the department.

(f) An applicant for renewal of a chiropractic license may receive up to four hours of the credit required in (a) of this section from one or more of the following subject areas:

- (1) cardiopulmonary resuscitation training (CPR);
- (2) automated external defibrillator training (AED);
- (3) basic life support training (BLS).

**Authority:** AS 08.20.055 AS 08.20.170

**12 AAC 16.300. COMPUTATION OF NONACADEMIC CONTINUING EDUCATION HOURS.** (a) For the purposes of 12 AAC 16.280 — 12 AAC 16.390, 50 minutes of instruction constitutes one hour.

(b) Credit is given only for class hours and not for hours devoted to class preparation.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.310. COMPUTATION OF ACADEMIC CREDIT CONTINUING EDUCATION HOURS.** (a) One quarter hour academic credit from a college or university constitutes 10 hours of continuing education.

(b) One semester hour academic credit from a college or university constitutes 15 hours of continuing education.

(c) Challenged courses are not acceptable for continuing education credit.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.320. APPROVED SUBJECTS.** To be approved by the board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice, including the following:

- (1) treatment and adjustment technique, including physiotherapy, nutrition and dietetics;
- (2) examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;
- (3) radiographic technique and interpretation involving all phases of roentgenology as permitted by law;
- (4) study of the methods employed in the prevention of excessive radiation and safety precautions to the patient; and
- (5) diagnostic imaging.

**Authority:** AS 08.20.055 AS 08.20.170

**12 AAC 16.330. NONACADEMIC PROGRAM CRITERIA.** (a) Nonacademic continuing education programs requiring class attendance are approved by the board if

- (1) the program is at least one hour in length;

(2) the program is conducted by a qualified instructor;  
(3) a record of registration or attendance is maintained; and  
(4) an examination or other method of assuring satisfactory completion of program by participant is incorporated.

(b) A qualified instructor or discussion leader is anyone whose background, training, education or experience makes it appropriate for the person to lead a discussion on the subject matter of the particular program.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.340. APPROVED NONACADEMIC CONTINUING EDUCATION PROGRAMS.** (a) The following programs are approved by the board:

(1) educational meetings of the following associations, if the documentation required by 12 AAC 16.290 demonstrates that the meeting in question meets the requirements of 12 AAC 16.320 and 12 AAC 16.330.

- (A) American Chiropractic Association;
- (B) International Chiropractors Association;
- (C) Canadian Chiropractic Association;

(2) educational classes, if

(A) they are conducted by any chiropractic college that is accredited by or has accreditation status with the Council on Chiropractic Education; and

(B) the program sponsor or the applicant for renewal of a chiropractic license

(i) requests board approval; and

(ii) demonstrates to the board's satisfaction that the educational classes meet the requirements of 12 AAC 16.320 and 12 AAC 16.330

(3) continuing education programs that are certified by the Providers of Approved Continuing Education through the Federation of Chiropractic Licensing Boards.

(b) The board may approve other continuing education programs under 12 AAC 16.345.

(c) *Repealed 1/29/2009.*

**Authority:** AS 08.20.055 AS 08.20.120 AS 08.20.170

**12 AAC 16.345. APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL.** (a) Except as provided in 12 AAC 16.340(a), to be approved by the board to meet the continuing education requirements of 12 AAC 16.290, 12 AAC 16.320, and 12 AAC 16.330, an applicant for continuing education course approval shall submit to the board, not less than 90 days before the date of the proposed program presentation date,

- (1) a completed application on a form provided by the department;
- (2) the continuing education course approval fee specified in 12 AAC 02.150;
- (3) the name of the course provider;
- (4) a complete course description, including the course title and a description of the learning objectives;
- (5) a course syllabus; and
- (6) an outline of the major topics covered by the course and the number of classroom hours allowed for each topic.

(b) Approval of a continuing education course under this section is valid until December 31 of the next even-numbered year.

(c) A sponsor who has a change in a condition required under (a)(3) – (6) of this section during the approval period described in (b) of this section must

- (1) reapply to the board for continuing education credit approval; and
- (2) submit the continuing education course change approval fee specified in 12 AAC 02.150.

(d) Notwithstanding the provisions of (a) of this section, the board may award continuing education credit for attendance at a course or seminar that has not previously been approved by the board if course or seminar meets the requirements of 12 AAC 16.320 and 12 AAC 16.330 and if the applicant submits supporting documentation to the board with the application for credit. The amount of credit awarded, if any, will be determined by the board on an individual basis.

(e) Falsification of any written evidence submitted to the board under this section is unprofessional conduct and constitutes grounds for censure, reprimand, or license revocation or suspension.

**Authority:** AS 08.20.055 AS 08.20.170

**12 AAC 16.350. INDIVIDUAL STUDY.** The number of hours of continuing education credit awarded for completion of a formal correspondence or other individual study program that requires registration and provides evidence of satisfactory completion will be determined by the board on an individual basis. A request for board approval for credit of hours of continuing education for an individual study program must be made to the board in writing before the applicant begins the individual study program. The board will not award credit under this section that exceeds one-third of the total credit hours of continuing education required for license renewal.

**Authority:** AS 08.20.055 AS 08.20.170

**12 AAC 16.360. INSTRUCTOR OR DISCUSSION LEADER.** (a) One hour of continuing education credit is awarded for each hour completed in preparation for instruction or discussion as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280—12 AAC 16.390. The number of hours of credit so awarded may not exceed twice the number of hours awarded under (b) of this section.

(b) One hour of continuing education credit is awarded for each hour completed as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280—12 AAC 16.390. Credit is awarded only for the initial course of instruction of the subject matter unless there have been substantial new developments in the subject since the prior presentation.

(c) The total credit awarded under this section may not exceed one-third of the total hours of continuing education reported in any licensing period.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.370. PUBLICATIONS.** Continuing education credit may be awarded for publication of articles or books. The amount of credit so awarded will be determined by the board on an individual basis.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.380. REPORT OF CONTINUING EDUCATION.** *Repealed 1/29/2009.*

**12 AAC 16.390. RENEWAL AND REINSTATEMENT OF LICENSE.** (a) The department will renew a license that has been lapsed or in retired status for less than two years if the applicant submits

(1) a completed application for renewal, on a form provided by the department;

(2) the following fees established in 12 AAC 02.150:

(A) biennial license renewal fee;

(B) delayed renewal penalty fee, if the license has been lapsed for more than 60 days, but less than two years; and

(3) documentation that all continuing education requirements of 12 AAC 16.290 – 12 AAC 16.370 have been met.

(b) Unless the board finds that reinstatement of a license is contrary to AS 08.20.170, the board will reinstate a license that has been lapsed or in retired status for at least two years, but less than five years if the applicant

(1) submits an application for reinstatement on a form provided by the department;

(2) submits the applicable fees established in 12 AAC 02.150;

(3) submits documentation of completion of all continuing education requirements in 12 AAC 16.290 – 12 AAC 16.370 that would have been required to maintain a current license for the entire period that the license has been lapsed or in retired status; and

(4) passes the state chiropractic examination under 12 AAC 16.130.

(c) A person may not reinstate a license that has been lapsed or in retired status for five years or more at the time of application for reinstatement, and the former licensee must apply for a new license under AS 08.20 and this chapter.

(d) A licensee unable to obtain the required continuing education hours for renewal of a license due to reasonable cause or excusable neglect, must request exemption status in writing, to the board, accompanied by a statement explaining the reasonable cause or excusable neglect. If an exemption is granted, the board may prescribe an alternative method of compliance to the continuing education requirements as determined appropriate by the board for the individual situation.

(e) In this section, "reasonable cause or excusable neglect" includes

(1) chronic illness;

(2) retirement; or

(3) a hardship, as individually determined by the board.

**Authority:** AS 08.01.100 AS 08.20.167 AS 08.20.170  
AS 08.20.055

#### **ARTICLE 4. PEER REVIEW.**

##### **Section**

**400. Peer review committee**

**410. Term of appointments to peer review committee**

**420. Conduct of peer review**

**430. Professional standards and guidelines**

**12 AAC 16.400. PEER REVIEW COMMITTEE.** (a) For the purposes of AS 08.20.185, the board will, in its discretion, appoint a peer review committee that is advisory to the board.

(b) A peer review committee appointed by the board will consist of four individuals. Three members of the peer review committee must be chiropractic physicians licensed under AS 08.20, and one member must be a public member who meets the requirements of AS 08.01.025.

(c) A member of a peer review committee may not review a case if the member is in a direct business relationship with the chiropractic physician, insurer, or patient in the case being reviewed.

(d) In this section, a "direct business relationship" includes an employer-employee relationship, doctor-patient relationship, and a legal contractual relationship.

**Authority:** AS 08.20.055 AS 08.20.185

**12 AAC 16.410. TERM OF APPOINTMENTS TO PEER REVIEW COMMITTEE.** (a) Members of the peer review committee are appointed for staggered terms of two years.

(b) *Repealed 1/29/2009.*

(c) A member of the peer review committee may be removed by the board for cause.

(d) A member of the peer review committee may not serve on the committee for more than four consecutive years. The member may not be reappointed until two years have elapsed since the member last served on the committee.

**Authority:** AS 08.20.055 AS 08.20.185

**12 AAC 16.420. CONDUCT OF PEER REVIEW.** (a) A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for peer review with the board by submitting to the department

(1) a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;

(2) the peer review fee established in 12 AAC 02.150; and

(3) if the peer review committee requires a patient's treatment records for review, a completed release, on a form provided by the department, signed by the patient.

(b) A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to the peer review committee the information required in (c) of this section.

(c) A licensee involved in a case submitted to the peer review committee shall submit to the peer review committee all necessary records and other information concerning the patient's treatment.

(d) The peer review committee shall conduct a peer review for each request for peer review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the peer review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and third-party payor involved in the case.

(e) The findings of the peer review committee must include a determination of whether the

(1) licensee provided or ordered appropriate treatment or services; and

(2) fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractors for the same or similar services.

(f) If the peer review committee determines that reasonable cause exists to believe the licensee has violated a provision of AS 08.20 or this chapter for which a licensee may be disciplined, the peer review committee may not report its finding to the board, but instead shall refer the matter to the department's investigative section. The peer review committee shall provide all information gathered in connection with the peer review to the department's investigative section.

(g) *Repealed 1/6/2002*

**Authority:** AS 08.20.055 AS 08.20.185

**12 AAC 16.430. PROFESSIONAL STANDARDS AND GUIDELINES.** (a) When making a determination as to whether a licensee provided reasonable and appropriate treatment or services or charged reasonable and appropriate costs of treatment to a patient, the peer review committee appointed under 12 AAC 16.400 may rely on the guidelines, standards, or recommendations of the following organizations accepted by the board:

(1) Alaska Worker's Compensation Board;

(2) American Chiropractic Association;

(3) Canadian Chiropractic Association;

(4) Council on Chiropractic Education;

(5) Croft Guidelines published by the Spine Research Institute of San Diego;

(6) Federation of Chiropractic Licensing Boards;

(7) Fee Facts, Data Management Ventures, Inc.;

(8) International Chiropractors Association;

(9) National Board of Chiropractic Examiners;

(10) World Chiropractic Alliance;

(11) World Federation of Chiropractic;

(12) a successor organization to an organization specified in this subsection.

(b) The peer review committee shall take into consideration the differences between the standards and guidelines of the organizations listed in (a) of this section when making a determination as to whether the care provided by the licensee was provided in a manner required of a reasonably competent practitioner acting under the same or similar circumstances.

**Authority:** AS 08.20.055 AS 08.20.185

## **ARTICLE 5. GENERAL PROVISIONS.**

### **Section**

- 900. Violations**
- 920. Minimum professional standards**
- 930. Lewd or immoral conduct with patients prohibited**
- 980. "Misrepresentation" defined**
- 990. Definitions**

**12 AAC 16.900. VIOLATIONS.** It is the duty of all members of the board to report to the department instances of alleged violations of AS 08.20.100. The department shall inform a new licensee in the state that it is his or her duty to report to the board all known instances of suspected unlicensed practice of chiropractic.

**Authority:** AS 08.20.055 AS 08.20.100

**12 AAC 16.920. MINIMUM PROFESSIONAL STANDARDS.** (a) Chiropractic care that may adversely affect the health and welfare of the public constitutes conduct that does not conform to minimum professional standards established under AS 08.20.170(a)(5) and this section. Conduct that does not conform to minimum professional standards in this chapter includes

- (1) failing to use sufficient knowledge, skills, or judgment in the practice of chiropractic;
- (2) failing to perform patient care within the chiropractor's scope of competence, which are necessary to prevent substantial risk or harm to a patient;
- (3) engaging in patient care outside the scope of chiropractic practice;
- (4) engaging in patient care outside the scope of the chiropractor's training and expertise;
- (5) violating established protocols in the delivery of chiropractic treatment or care;
- (6) violating the confidentiality of information or knowledge concerning a patient;
- (7) physically or verbally abusing a patient;
- (8) failing to maintain a record for a patient that accurately reflects the chiropractic problems and interventions for the patient;
- (9) falsifying a patient's records;
- (10) intentionally making an incorrect entry in a patient's chart;
- (11) discrimination in the provision of chiropractic care on the basis of race, religion, color, national origin, ancestry, or sex;
- (12) exploiting a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;
- (13) knowingly violating laws regulating health insurance, including those laws established in AS 21.36.360;
- (14) using unsanitary or unsafe equipment;
- (15) failing to adhere to the Code of Ethics of the American Chiropractic Association, as revised as of September 2007, adopted by reference;
- (16) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request for the records from the patient or patient's guardian.

(b) A licensee shall evaluate patient care on an individual basis and make a reasonable judgment on the course of treatment for each patient.

**Authority:** AS 08.20.055 AS 08.20.100 AS 08.20.170

**Editor's note:** A copy of the Code of Ethics of the American Chiropractic Association, September 2007 edition, adopted by reference in 12 AAC 16.920(a) is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska, or may be obtained from the American Chiropractic Association, 1701 Clarendon Boulevard, Arlington, VA 22209; telephone: (703)276-8800; website at <http://www.acatoday.org>.

**12 AAC 16.930. LEWD OR IMMORAL CONDUCT WITH PATIENTS PROHIBITED.** (a) A licensee may not engage in lewd or immoral conduct in connection with the delivery of professional services to a patient or solicit sexual contact or a romantic relationship with a patient.

- (b) It is a defense to a disciplinary action alleging a violation of this section that
  - (1) at the time of, or immediately preceding, the contact the patient was the licensee's spouse, or was in a dating, courtship, or engagement relationship with the licensee; or
  - (2) the licensee terminated the doctor-patient professional relationship with the former patient more than six months before the contact occurred.
- (c) It is not a defense to a disciplinary action alleging a violation of this section that the contact occurred
  - (1) with the consent of the patient;
  - (2) outside professional treatment sessions; or
  - (3) off of the premises regularly used by the licensee for the professional treatment of patients.
- (d) As used in AS 08.20.170(a)(8) and this section, "lewd or immoral conduct" includes sexual misconduct, sexual contact, or attempted sexual contact, with a patient outside the scope of generally accepted methods of examination or treatment of the patient during the time the patient is receiving professional treatment from the licensee.
- (e) As used in this section,
  - (1) "attempted sexual contact" means engaging in conduct that constitutes a substantial step towards sexual contact;
  - (2) "sexual contact"
    - (A) means touching, directly or through clothing, a patient's genitals, anus, or female breast, or causing the patient to touch, directly or through clothing, the licensee's or patient's genitals, anus, or female breast;
    - (B) includes sexual penetration;
    - (C) does not include acts
      - (i) that may reasonably be construed to be normal caretaker responsibilities for a child, interactions with a child, or affection for a child; or
      - (ii) performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical or mental health of the person being treated;
    - (3) "sexual misconduct" means behavior, a gesture, or an expression that may reasonably be interpreted as seductive, sexually suggestive, or sexually demeaning to a patient; "sexual misconduct" includes
      - (A) encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present;
      - (B) offering to provide to a patient controlled substances or other drugs in exchange for sexual contact;
      - (C) disrobing or draping practice that is seductive, sexually suggestive, or sexually demeaning to a patient, such as deliberately watching a patient dress or undress or failing to provide privacy for disrobing;
      - (D) making a comment about or to the patient that is seductive, sexually suggestive, or sexually demeaning to a patient, including
        - (i) sexual comment about a patient's body or underclothing;
        - (ii) sexualized or sexually demeaning comment to a patient;
        - (iii) demeaning or degrading comments to the patient about the patient's sexual orientation, regardless of whether the patient is homosexual, heterosexual, or bisexual;
        - (iv) comments about potential sexual performance of the patient during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction;
        - (v) requesting details of sexual history or sexual likes or dislikes of the patient if the details are not clinically indicated for the type of examination or consultation;
      - (E) initiation by the licensee of conversation with a patient regarding the sexual problems, preferences, or fantasies of the licensee;
      - (F) using the doctor-patient professional relationship with the patient to solicit sexual contact or a romantic relationship with the patient or another;
      - (G) kissing a patient in a romantic or sexual manner;
    - (4) "sexual penetration"
      - (A) means genital intercourse, cunnilingus, fellatio, anal intercourse, or an intrusion, however slight, of an object or any part of a person's body into the genitals or anus of another person's body; each party to any of the acts defined as "sexual penetration" is considered to be engaged in sexual penetration;
      - (B) does not include acts performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical health of the person being treated.

**Authority:** AS 08.20.055 AS 08.20.170

**12 AAC 16.980. "MISREPRESENTATION" DEFINED.** In AS 08.20.170, "misrepresentation" means

- (1) the use of any advertising in which untruthful, exaggerated, improper, misleading or deceptive statements are made;
- (2) impersonation of another practitioner;
- (3) advertising or holding oneself out to have the ability to treat diseases or other abnormal conditions of the human body by any secret formula, method, or procedure;
- (4) knowingly permitting or allowing another person to use a licensee's license or certificate in the practice of

any system or mode of treating the sick or afflicted.

**Authority:** AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.990. DEFINITIONS.** (a) In this chapter, unless the context requires otherwise,

(1) "appropriate treatment or services" means treatment or services performed, because of a substantiated and properly diagnosed condition, that is consistent with that diagnosis as reviewed by the peer review committee appointed under 12 AAC 16.400;

(2) "board" means the Board of Chiropractic Examiners;

(3) "department" means the Department of Commerce, Community, and Economic Development;

(4) "licensee" means a chiropractic physician licensed under AS 08.20;

(5) "reasonable and appropriate cost of treatment" means that charges submitted for services performed are necessary and reasonable charges in the judgment of the peer review committee appointed under 12 AAC 16.400;

(6) "criminal history record information" has the meaning given in AS 12.62.900.

(b) In AS 08.20.990,

(1) "prescription drug" means a drug that

(A) under federal law, before being dispensed or delivered, is required to be labeled with either of the following statements:

(i) "Caution: Federal law prohibits dispensing without prescription";

(ii) "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian"; or

(B) is required by an applicable federal or state law or regulation to be dispensed only under a prescription drug order or is restricted to use by practitioners only;

(2) "surgery"

(A) means the use of a scalpel, sharp cutting instrument, laser, electrical current, or other device to incise or remove living tissue;

(B) does not include venipuncture or the removal of foreign objects from external tissue.

**Authority:** AS 08.20.055 AS 08.20.900

**APPENDIX A**

**TITLE 18**

**ENVIRONMENTAL CONSERVATION REGULATIONS**

**CHAPTER 85.  
RADIATION PROTECTION**

**NOTICE**

Selected sections of the Department of Health and Social Services' radiation protection regulations (12 AAC 85) have been included in this booklet for the convenience of chiropractic students, applicants, licensees, and all other interested parties. For total information, please refer to the Alaska Administrative Code 18 AAC 85.020— 18 AAC 85.780, Radiation Protection.

Effective July 1, 1978 (Chapter 172, SLA 1978) statutory responsibility for control of all ionizing and non-ionizing radiation sources except for the discharge of radionuclides to the air, water, land or subsurface land was transferred from the Department of Environmental Conservation to the Department of Health and Social Services. Authority over the discharge of radionuclides to the environment remained with the Department of Environmental Conservation.

The Alaska Radiation Protection regulations in effect at the time of the transfer remain in effect (Section 10).

Requests for assistance or information on radiological health matters should be directed to:

Radiological Physicist  
Division of Public Health Department of Health and Social Services  
P.O. Box 110613  
Juneau, Alaska 99811-0613  
Phone: (907) 465-3019

**CHAPTER 85.  
RADIATION PROTECTION**

**Article**

- 1. Registration of Ionizing Radiation Sources  
(18 AAC 85.010—18 AAC 85.110)**
- 3. Use of X-rays in the Healing Arts  
(18 AAC 85.410—18 AAC 85.490)**
- 4. Use of Sealed Radioactive Sources in the Healing Arts  
(18 AAC 85.500)**
- 8. General Provisions (18 AAC 85.740—18AAC 85.780)**

**ARTICLE 1.  
REGISTRATION OF IONIZING RADIATION SOURCES**

**Section**

- 10. Registration requirement**
- 30. Approval not implied**
- 40. Registration procedure**
- 50. Maintenance of records**
- 60. Access to records**
- 70. Access to premises**
- 80. Vendor notification**
- 90. Out-of-state sources**
- 100. Out-of-state users**
- 110. Protection requirements**

**18 AAC 85.010. REGISTRATION REQUIREMENT.** Registration with the Alaska Department of Environmental Conservation is required of every person, business, institution, or health facility that receives, possesses, uses, owns, transfers, or acquires any ionizing radiation source, except those specifically exempted in 18

AAC 85.020.

**18 AAC 85.030. APPROVAL NOT IMPLIED.** No advertisement may refer to the fact that an ionizing radiation source is registered with the department and it may not be stated or implied that any activity under such registration has been approved by the department.

**18 AAC 85.040. REGISTRATION PROCEDURE.** (a) Ionizing radiation sources shall be registered with the department within 30 days of the effective date provided in sec. 750 of this chapter. Radiation sources acquired subsequent to the effective date shall be registered with the department within 30 days of the date of acquisition.

(b) Registrations shall be renewed with the department within 30 days of the first day of January of every even numbered year, commencing January 1, 1972, and at such other times as the department shall deem necessary.

(c) Initial registration and renewal of registration shall be made on forms supplied by the department. Registrants shall provide all information necessary to complete the form and any other applicable information the department may request.

(d) A separate registration form shall be completed for each and every ionizing radiation source possessed by a registrant.

(e) If completion of the registration form is impractical, the department may, upon written request, approve registering by a special form as the department may prescribe.

(f) Registrants shall notify the department in writing within 30 days of any changes with respect to registered ionizing radiation sources so that all information registered with the department is accurate.

(g) Every registrant, or his estate, shall notify the department in writing within 30 days of the discontinuance of use or permanent disposal of each registered ionizing radiation source. Should a source be transferred to a new owner, or owners, the notification to the department shall include the name(s) and address(es) of the transferee(s).

**18 AAC 85.050. MAINTENANCE OF RECORDS.** After the effective date provided in sec. 750 of this chapter, possessors of ionizing radiation sources shall keep records of the receipt, transfer, or disposal of each source.

**18 AAC 85.060. ACCESS TO RECORDS.** Registrants shall, upon reasonable notice, make available for inspection by the department, or other official agency designated by the department, records pertaining to receipt, possession, use, transfer or disposal of ionizing radiation sources.

**18 AAC 85.070. ACCESS TO PREMISES.** Registrants shall afford the department, or other official agency designated by the department, at all reasonable times, opportunity to inspect all ionizing radiation sources in their possession and the facility wherein such sources are used or stored.

**18 AAC 85.080. VENDOR NOTIFICATION.** A distributor, retailer or other agent who sells, lends, or in any other manner transfers an ionizing radiation source requiring registration according to sec. 10 of this chapter shall, within 30 days of transfer, notify the department in writing of the name(s) and address(es) of the person(s) receiving the source and the date of transfer.

**18 AAC 85.090. OUT-OF-STATE SOURCES.** (a) Any person, business, institution, or health facility proposing to bring an out-of-state radiation source into Alaska for any temporary use shall give written notice to the department at least 15 days before such entry. The notice shall include the type, maximum potential energy of machines or maximum quantity of materials, proposed nature and scope of use, and the duration and exact location of use within Alaska. However, if the 15 day notification requirement would impose an undue hardship, the department may, upon application, grant permission by letter or telegram to proceed sooner.

(b) If an out-of-state radiation source is kept within Alaska for more than 30 days in any period of 12 consecutive months, it shall be subject to the registration provisions of this chapter.

**18 AAC 85.100. OUT-OF-STATE USERS.** Out-of-state persons proposing to use ionizing radiation sources within Alaska must:

- (1) comply with all applicable regulations of the department; and
- (2) supply the department with any information required in this chapter upon request.

**18 AAC 85.110. PROTECTION REQUIREMENTS.** Registrants, or their authorized agents, shall be responsible for complying with the applicable ionizing radiation protection requirements of secs. 120-400 of this chapter.

**ARTICLE 3.**  
**USE OF X-RAYS IN THE HEALING ARTS**

**Section**

- 410. General safety provisions**
- 420. Waiver**
- 430. Proper use**
- 440. Shielding**
- 450. Fluoroscopic installations**
- 460. Medical radiographic installations**
- 490. Therapeutic X-ray installations**

**18 AAC 85.410. GENERAL SAFETY PROVISIONS.** (a) No person shall make, sell, lease, transfer, lend, or install medical, dental or veterinary X-ray equipment or supplies used in connection with such equipment unless such equipment and supplies, when properly installed and properly used, will meet the requirements of secs. 430-490 of this chapter.

(b) No registrant shall operate or permit the operation of medical, dental, or veterinary X-ray equipment unless the equipment and installation meet the applicable requirements of secs. 430-490 of this chapter.

**18 AAC 85.420. WAIVER.** The department may waive compliance with any specific requirement of secs. 430-490 of this chapter by an existing machine or installation if:

- (1) compliance would require replacement or substantial modification of the machine or installation; and
- (2) it is demonstrated, to the department's satisfaction, that protection has been achieved through other means equivalent to that required by secs. 430-490 of this chapter.

**18 AAC 85.430. PROPER USE.** A registrant of medical, dental or veterinary X-ray equipment shall

- (1) be responsible for assuring that all requirements of secs. 440-490 of this chapter are met;
- (2) assure that all X-ray equipment under his control is operated only by individuals adequately instructed in safe operating procedures and competent in safe use of the equipment; and
- (3) provide safety rules to each individual operating X-ray equipment under his control, including any restrictions of the operating technique required for the safe operation of the particular X-ray apparatus, and require that the operator demonstrates familiarity with these rules.

**18 AAC 85.440. SHIELDING.** All installations for the use of X-rays in the healing arts shall comply with the shielding requirements of this section:

(1) Each medical or veterinary X-ray installation shall be provided with such primary barriers and/or secondary barriers as are necessary to assure compliance with secs. 130, 170, and 180. This requirement shall be deemed to be met if the thickness and design of such barriers are equivalent to those as computed and designed in accordance with the recommendations of the National Committee on Radiation Protection and Measurements (NCRP) in NCRP Report No. 34, "Medical X-Ray and Gamma-Ray Protection for Energies up to 10 MeV-Structural Shielding Design and Evaluation," published December 1, 1969. This report is available from NCRP publications, 7910 Woodmont Avenue, Suite 800, Bethesda, Maryland, 20814 at a cost of \$1.50.

(2) Each dental X-ray installation shall be provided with such primary barriers and/or secondary barriers as are necessary to assure compliance with secs. 130, 170, and 180. This requirement shall be deemed to be met if the thickness and design of such barriers are equivalent to those as computed and designed in accordance with the recommendations of the National Committee on Radiation Protection and Measurements (NCRP) in NCRP Report No. 35, "Dental X-Ray Protection" published March 9, 1970. This report is available from NCRP publications, 7910 Woodmont Avenue, Suite 800, Bethesda, Maryland, 20814 at a cost of \$1.50.

(3) Lead barriers shall be mounted in such a manner that they will not sag or cold-flow because of their own weight and shall be protected against mechanical damage.

(4) All joints, including those between different kinds of protective materials, and joints at the floor and ceiling, shall be so designed that the overall protection provided by the barrier is not impaired.

(5) Windows, window frames, doors, and door frames shall have the same lead equivalent as that required of the adjacent wall.

(6) Holes in protective barriers shall be covered so that the overall protection is not impaired.

**18 AAC 85.450. FLUOROSCOPIC INSTALLATIONS.** All healing arts fluoroscopic installations shall comply with the following:

(1) A diagnostic type protective X-ray tube housing shall be used.

(2) The source-to-panel or source-to-table top distance of equipment installed before March 16, 1972 shall not be less than 12 inches, and shall not be less than 15 inches in equipment installed or re-installed thereafter.

(3) The total filtration permanently in the useful beam, including the aluminum equivalent of table top or panel top, shall not be less than 2.5 millimeters aluminum equivalent. [Note: This requirement may be assumed to have been met if the half-value layer is equivalent to not less than 2.5 millimeters aluminum at normal operating voltages].

(4) The equipment shall be so constructed that the entire cross-section of the useful beam is attenuated by a primary barrier designed to automatically terminate exposure when the barrier is removed from the useful beam (this barrier is usually the viewing device, either a conventional fluoroscopic screen or an image intensification mechanism), and:

(A) for equipment installed after March 16, 1972 the required lead equivalent of the barrier shall not be less than 1.5 millimeters for up to 100 kVp, not less than 1.8 millimeters for greater than 100 and less than 125 kVp, and not less than 2.0 millimeters for 125 kVp or greater. [Note: For conventional fluoroscopes these requirements may be assumed to have been met if the exposure rate measured at the viewing surface of the fluorescent screen does not exceed 20 milliroentgens per hour with the screen in the primary beam of the fluoroscope without a patient, under normal operating conditions];

(B) a collimator shall be provided to restrict the cross-sectional dimensions of the useful beam to less than the corresponding dimensions of the barrier. The tube and collimating system shall be linked with the fluorescent screen assembly so that the useful beam at the fluorescent screen is confined within the barrier irrespective of the panel-screen distance. The margin requirement does not apply to installations where image intensifiers are used, but a shutter or other protective shielding device shall be provided in these installations so that the useful beam is restricted to the diameter of the input phosphor;

(C) the tube mounting and the barrier (the viewing device) shall be so linked together that, under conditions of normal use, the barrier always intercepts the entire useful beam; and

(D) collimators and adjustable diaphragms or shutters used to restrict the size of the useful beam shall provide the same degree of protection as is required of the tube housing.

(5) The exposure switch shall be a dead-man type.

(6) A manual-reset, cumulative timing device activated by the exposure switch shall be used which will either indicate elapsed exposure time by an audible signal or turn off the machine when the total exposure exceeds a predetermined limit not exceeding five minutes in one or a series of exposures.

(7) A shielding device of at least 0.25 millimeters lead equivalent material shall be provided for covering the Bucky-slot during fluoroscopy.

(8) Protective drapes or hinges or sliding panels of at least 0.25 millimeters lead equivalent material shall be provided between the patient and fluoroscopist to intercept scattered radiation which would otherwise reach the fluoroscopist and others near the machine. [Note: Such devices shall not substitute for wearing of a protective apron].

(9) For routine fluoroscopy, the exposure rate measured where the beam enters the patient should be as low as practicable, but in any case shall not exceed 10 roentgens per minute.

(10) Mobile fluoroscopic equipment shall meet the requirements of this part where applicable, and the following additional requirements:

(A) in the absence of a table top, a cone or spacer frame shall limit the target-to-skin distance to not less than 30 centimeters (12 inches);

(B) image intensification shall always be provided as conventional fluoroscopic screens shall not be used;

(C) it shall be impossible to operate a machine except when the collimating cone or diaphragm is in place and the entire useful beam intercepted by the image intensifier; and

(D) the exposure rate measured at the minimum source-to-skin distance should be as low as practical but in any case shall not exceed 10 roentgens per minute.

(11) Protective aprons of at least 0.25 millimeters lead equivalent material shall be worn in the fluoroscopy room by each person (other than the patient) whose body is likely to be exposed to five milliroentgens per hours or more.

(12) Dark adaptation shall be observed by the operator for at least 15 minutes prior to a fluoroscopic examination if image intensification is not provided.

**18 AAC 85.460. MEDICAL RADIOGRAPHIC INSTALLATIONS.** All medical radiographic installations shall comply with the requirements of this section:

(1) A diagnostic type protective X-ray tube housing shall be used.

(2) Diaphragms, cones, or adjustable collimators capable of restricting the useful beam to the area of clinical interest shall be provided to define the beam and shall provide the same degree of attenuation as is required of the protective tube housing, and when used with photofluorographic equipment these devices shall restrict the useful beam to the area of the photofluorographic screen. Such devices shall be calibrated in terms of the size of the projected useful beam at specified source-film distances.

(3) Radiographic equipment equipped with adjustable collimators shall provide light localizers that define the entire field and produce a visible indication of adequate collimation and alignment on the X-ray film. Field size indication on adjustable collimators shall be accurately aligned with the X-ray field to within one inch for a source-to-film distance of 72 inches.

(4) Except when contra-indicated for a particular medical purpose, the aluminum equivalent of the total filtration in the useful beam shall not be less than 0.5 millimeters for equipment operating below 50 kVp, shall not be less than 1.5 millimeters for equipment operating from 50 kVp to 70 kVp, and shall not be less than 2.5 millimeters for equipment operating above 70 kVp. [Note: If the filter in the machine is not accessible for examination or the total filtration is unknown, the requirements of this section may be assumed to have been met in the half-value layer if the useful beam is not less than that shown in Table VI].

- (5) A device shall be provided to terminate the exposure after a preset time or exposure.
- (6) The exposure switch shall be of a dead-man type and shall be arranged so that it cannot be operated outside a shielded area, except that exposure switches for "spot film" devices used in conjunction with fluoroscopic tables and for mobile diagnostic radiographic equipment are exempt from this shielding requirement.
- (7) The exposure switch for mobile equipment shall be arranged so that the operator can stand at least six feet from the patient and well away from the useful beam.
- (8) The control panel shall include
  - (A) a device which will give positive indication of the production of X-rays whenever the X-ray tube is energized; and
  - (B) appropriate devices which will give positive indication of the physical factors (e.g. kVp, mA, exposure time) used for the exposure.
- (9) All wall, floor, and ceiling areas which could potentially intercept the useful beam shall have primary barriers.
- (10) Primary barriers in walls shall extend to a minimum height of 84 inches above the floor.
- (11) Secondary barriers shall be provided in all wall, floor, and ceiling areas not having primary barriers or where the primary barrier requirements are lower than the secondary barrier requirements. (Note: In radiographic installations where the average radiographic work load is comparatively low, the conventional structural material in ordinary walls, floors, and ceilings may suffice as primary and/or secondary barriers without the addition of special shielding materials, particularly if the useful beam cannot be directed at occupied areas.)
- (12) The operator's station shall be behind a protective barrier which will intercept the entire useful beam and any radiation which has been scattered only once, and it shall be impossible for the operator to energize the tube while outside the protective barrier. (Note: "Spot film" devices used in conjunction with fluoroscopic tables are exempted from this requirement.)
- (13) A window of lead equivalent glass equal to that required by the adjacent barrier, or a mirror system, shall be provided and it shall be large enough and so placed that the operator can see the patient during the exposure without having to leave the protective area.
- (14) When a mobile unit is used routinely in one location, it shall be considered a fixed installation subject to the shielding requirements specified in this section and sec. 440 of this chapter.
- (15) When a patient must be held in position for radiography, mechanical supporting or restraining devices shall be used unless such devices interfere with the diagnosis.
- (16) If a patient must be held by an individual, that individual shall be protected with appropriate shielding devices such as protective gloves and apron and he shall be so positioned that no part of his body will be struck by the useful beam.
- (17) No individual occupationally exposed to radiation shall be permitted to hold patients during exposures except during emergencies, nor shall any individual be regularly used for this service.
- (18) Only individuals required for the radiographic procedure shall be in the radiographic room during exposure and, except for the patient, no unprotected parts of their bodies shall be in the useful beam.
- (19) The useful beam shall be restricted to the area of the film.
- (20) Patients shall be provided with a shield to protect the gonadal area of the body unless the use of such shield prohibits proper diagnosis.
- (21) Mobile diagnostic radiographic equipment shall meet the requirements of this section, except for paragraph (18), and the following additional requirements:
  - (A) all individuals except the patient being examined shall be in shielded positions during exposure; and
  - (B) personnel monitoring shall be required for all individuals operating mobile X-ray equipment.
- (22) Chest photofluorographic installations shall meet the requirements of this section, and the following additional requirements:
  - (A) all individuals except the patient being examined shall be in shielded positions during exposure; and
  - (B) personnel monitoring shall be required for all individuals operating photofluorographic equipment.

**18 AAC 85.490. THERAPEUTIC X-RAY INSTALLATIONS.** All therapeutic X-ray installations shall comply with the following requirements:

- (1) A therapeutic type protective X-ray tube housing shall be used. Contact therapy machines shall meet the additional requirement that leakage radiation at two inches from the surface of the protective tube housing shall not exceed 0.1 roentgen per hour.
- (2) Permanent diaphragms or cones used for collimating the useful beam shall afford the same degree of protection as is required of the tube housing.
- (3) Adjustable or removable beam-defining diaphragms or cones shall transmit not more than five percent of the useful beam as determined at the maximum tube potential and with maximum treatment filter.
- (4) Filters shall be securely held in place to prevent them from dropping out during treatment.
- (5) The filter system shall be so arranged as to minimize the possibility of error in filter selection and alignment.
- (6) The filter slot shall be so constructed that the radiation escaping through it does not produce an exposure exceeding one roentgen per hour at one meter, or if the radiation escaping from the slot is accessible to the patient, 30 roentgens per hour at two inches from the external opening.
- (7) Removable filters shall be marked to indicate thickness and material.

(8) A filter indication system shall be used on all therapy machines using changeable filters, and shall indicate, from the control panel, the presence or absence of any filter, and shall be designed to permit easy recognition of the filter in place.

(9) The X-ray tube shall be so mounted that it cannot turn or slide with respect to the housing aperture.

(10) Means shall be provided to immobilize the tube housing during stationary portal treatment.

(11) A timer shall be provided to terminate the exposure after a preset time regardless of what other limiting devices are present.

(12) Equipment utilizing shutters to control the useful beam shall have a shutter position indicator on the control.

(13) There shall be on the control panel an easily discernible indicator which provides positive indication of the production of X-rays.

(14) Mechanical and/or electrical stops shall be provided on X-ray therapy machines capable of operating at 150 kVp or above to insure that the useful beam is oriented only toward primary barriers.

(15) Interlocks shall be provided for X-ray therapy equipment capable of operating above 150 kVp so that when any door to the treatment room is opened X-ray production will be shut off automatically. After such shut off it shall be possible to restore X-ray production only from the control panel.

(16) The following additional requirements apply to X-ray therapy equipment operated at potentials of 60 kVp and below:

(A) automatic timers shall be provided which will permit accurate presetting and termination of exposure as short as one second;

(B) in the therapeutic application of equipment constructed with beryllium or other low-filtration windows, the registrant shall insure that the unfiltered radiation reaches only the part intended and that the useful beam is blocked at all times except when actually being used;

(C) machines having an output of more than 1,000 roentgens per minute at any accessible place shall not be left unattended without the power being shut off at the primary disconnecting means; and

(D) if the tube is hand-held during irradiation, the operator shall wear protective gloves and protective apron of no less than 0.5 millimeters lead equivalent.

#### **ARTICLE 4. USE OF SEALED RADIOACTIVE SOURCES IN THE HEALING ARTS.**

##### **Section**

##### **500. Interstitial, intercavitary and superficial applications**

**18 AAC 85.500. INTERSTITIAL, INTERCAVITARY AND SUPERFICIAL APPLICATIONS.** (a) The provisions of this section apply to all registrants who use sealed sources in the healing arts and are in addition to, and not in substitution for, other applicable provisions of this chapter.

(b) Except as otherwise specifically authorized by the department, each registrant or user shall provide accountability of sealed sources and shall keep a permanent record of the issue and return of all sealed sources.

(c) When not in use, sealed sources and applicators containing sealed sources shall be kept in a protective enclosure of such material and wall thickness as may be necessary to assure compliance with the provisions of secs. 130, 170, and 180 of this chapter.

(d) Provision shall be made for testing sealed sources for leakage and contamination prior to initial use.

(e) All sealed sources shall be tested for leakage at least every six months or at any interval as may be specified by the department.

(f) If there is reason to suspect a sealed source might have been damaged, it shall be tested for leakage before further use.

(g) Leak tests shall be capable of detecting 0.005 microcurie of removable contamination on the sealed source.

(h) Any test conducted as required by this section which reveals the presence of 0.005 microcurie or more of removable contamination shall be considered evidence that the sealed source is leaking, and the source shall immediately be withdrawn from use and shall be decontaminated and repaired or disposed of in accordance with applicable provisions of secs. 210 and 270-310 of this chapter.

**ARTICLE 8.**  
**GENERAL PROVISIONS.**

**Section**

- 740. Application of regulations**
- 750. Effective date**
- 760. Communications**
- 770. Definitions**

**18 AAC 85.740. APPLICATION OF REGULATIONS.** Except as otherwise specifically provided, the provisions of this chapter apply to all persons in Alaska who receive, possess, use, transfer, own or acquire any radiation source except radioactive materials subject to regulation by the United States Atomic Energy Commission. The provisions of these regulations shall not be construed to limit the dose of radiation which is intentionally applied to a patient for medical purposes by, or under the direction of, a practitioner of the healing arts licensed by the State of Alaska.

**18 AAC 85.750. EFFECTIVE DATE.** The provisions of secs. 10-780 of this chapter become effective on September 16, 1971, except where another effective date is specifically noted.

**18 AAC 85.760. COMMUNICATIONS.** All communications concerning this chapter, and applications filed thereunder, should be addressed to the Alaska Department of Environmental Conservation, Pouch O, Juneau, Alaska 99801.

**18 AAC 85.770. DEFINITIONS.** Definitions in this chapter:

- (1) "AAC" means Alaska Administrative Code;
- (2) "AS" means Alaska Statutes.
- (3) "agreement state" means any state with which the United States Atomic Energy Commission has entered into an agreement under sec. 274 b. of the Atomic Energy Act of 1954, as amended (73. Stat. 689);
- (4) "airborne radioactive material" means any radioactive material dispersed in the air in the form of dusts, fumes, mists, vapors, or gases;
- (5) "aluminum equivalent" means the thickness of aluminum affording the same attenuation, under specified conditions, as the material in question;
- (6) "beam blocking device" means a movable portion of any enclosure around a radiation source which may be opened or closed to permit or prevent the emergence of an exit beam;
- (7) "by-product material" means any radioactive material (except special nuclear material) yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material;
- (8) "cabinet radiography" means industrial radiography, using ionizing radiation machines, which is conducted in an enclosed, interlocked cabinet, such that the radiation machine will not operate unless all openings are securely closed, and which cabinet is so shielded that every location on the exterior meets conditions for an uncontrolled area as specified in sec. 170 of this chapter;
- (9) "calendar quarter" means any period determined according to either of the following subdivision:
  - (A) the first period of any year may begin on any date in January; provided that the second, third and fourth periods accordingly begin on the same date in April, July and October, respectively, and that the fourth period extend into January of the succeeding year if necessary to complete a three-month quarter. During the first year of use of this method of determination by a registrant, the first period for that year shall also include any additional days in January preceding the starting date of the first period;
  - (B) the first period in a calendar year of 13 complete, consecutive calendar weeks; the second period in the calendar year of 13 complete, consecutive calendar weeks; the third period in a calendar year of 13 complete, consecutive calendar weeks; the fourth period in a calendar year of 13 complete, consecutive calendar weeks. Alternatively, the four periods may consist of the first 14 complete, consecutive calendar weeks; the next 12 complete, consecutive calendar weeks; the next 14 complete, consecutive calendar weeks; and the last 12 complete, consecutive calendar weeks. If at the end of a calendar year there are any days not falling within a complete calendar week of that year, such days shall be included within the last complete calendar week of the previous year. No registrant shall change the method observed by him of determining calendar quarters except at the beginning of a calendar year;
- (10) "cavity" means that portion of a microwave oven in which food may be heated, cooked, or dried;
- (11) "cold cathode gas discharge tube" means an electronic device in which electron flow is produced and sustained by ionization of contained gas atoms and ion bombardment of the cathode;
- (12) "collimator" means a device constructed of attenuating material used to confine a useful beam within a designated solid angle;
- (13) "commissioner" means the Commissioner of the Department of Environmental Conservation;
- (14) "cones" mean a type of collimator;
- (15) "continuous wave laser (c.w. laser)" means a laser which emanates a continuous beam as opposed to a pulsed laser;

(16) "controlled area" means any area access to which is controlled by a registrant for purposes of protection of individuals from exposure to radiation and radioactivity; provided, areas used for residential quarters are not included, although a separate room or rooms in a residential building may be set apart as a controlled area;

(17) "curie (Ci)" means that quantity of radioactive material which decays at the rate of  $3.7 \times 10^{10}$  disintegrations per second;

(18) "dead-man switch" means a switch so constructed that a circuit-closing contact can only be maintained by continuous pressure by the operator;

(19) "department" means the Department of Environmental Conservation;

(20) "diagnostic-type tube housing" means an X-ray tube housing so constructed that the leakage X-radiation at a distance of one meter from the target cannot exceed 100 milliroentgens in one hour when the tube is operated at any of its specified ratings;

(21) "diaphragms" means a type of collimator;

(22) "dose" means the quantity of radiation absorbed, per unit of mass, by the whole body or by any portion of the body. When these regulations specify a dose during a period of time, the dose means the total quantity of radiation absorbed, per unit of mass during such period or time. Several different units of dose are in current use. Definitions of units used in these regulations are provided in paragraphs (41) and (51) of this section;

(23) "enclosure" means a cabinet, box, or other container, provided by the manufacturer or user of a radiation machine, from which the source of the radiation cannot be removed without destroying the function of the source;

(24) "energy density" means the intensity of electromagnetic radiation energy per unit area; usually expressed in joules per square centimeter ( $\text{j}/\text{cm}^2$ );

(25) "field radiography" means all industrial radiography using ionizing radiation machines other than cabinet radiography and shielded room radiography;

(26) "filter" means any material placed in a useful beam to preferentially absorb less penetrating radiations;

(27) "gas laser" means a type of laser in which the laser action takes place in a gas medium, usually a c.w. laser;

(28) "half-value layer (hvl)" means the thickness of an absorbing material to reduce a beam of radiation to one-half of its incident exposure rate;

(29) "high ionizing radiation area" means any area, accessible to individuals, in which there exists ionizing radiation at such levels that a major portion of the body could receive in any one hours a dose in excess of 100 millirems;

(30) "individual" means any human being;

(31) "industrial radiography" means the examination of the microscopic structure of materials by nondestructive methods utilizing ionizing radiation sources;

(32) "inherent filtration" means any filtration in a useful beam due to a beam window or any other permanent part of a radiation source enclosure;

(33) "interlock" means a device for precluding exposure to a radiation hazard either by preventing entry to an area or by automatically removing the hazard;

(34) "ionizing radiation" means any electromagnetic or particulate radiation capable of producing ions, directly or indirectly, in its passage through matter. Ionizing radiation includes, but is not limited to, gamma rays, X-rays, alpha and beta particles, and high speed electrons, neutrons, and protons;

(35) "ionizing radiation" means any area, accessible to individuals, in which there exists ionizing radiation at such levels that a major portion of a body could receive in any one hour a dose in excess of five millirems or in any five consecutive days a dose in excess of 100 millirems;

(36) "kilovolts peak (kVp)" means the crest value of kilovolts of the potentials of a pulsating potential generator. When only one-half of the wave is used, the value refers to the useful half of the wave;

(37) "laser" means light amplification by stimulated emission of radiation and is a device which emits a monochromatic, coherent beam of light, i.e., light possessing single wave length and all waves in phase;

(38) "laser control area" means any area which contains one or more lasers in which the activity of employees and transient individuals is subject to control and supervision;

(39) "lead equivalent" means the thickness of lead affording the same attenuation, under specified conditions, as the material in question;

(40) "leakage radiation" means all radiation emitted from an enclosure except the useful beam;

(41) "microwave oven" means a device designed to heat, cook to dry food through the application of electromagnetic radiation with frequencies in the microwave region. The Federal Communications Commission has designed the frequencies of 915 MHz and 2450 MHz for microwave oven use;

(42) "microwave radiation" means electromagnetic waves in the frequency range of about 300 - 300,000 MHz;

(43) "non-ionizing" means any electromagnetic or particulate radiation not capable of producing ions, directly or indirectly in its passage through matter. Non-ionizing radiation includes, but is not limited to, microwaves, infrared light, ultra-violet light, and coherent, monochromatic light;

(44) "person" means any municipal corporation, political subdivision, public or private corporation, individual, partnership, or other entity;

(45) "personnel monitoring equipment" means devices designed to be worn or carried by an individual for the purpose of measuring doses (e.g., film badges, pocket chambers, pocket dosimeters, film rights, etc.);

(46) "power density" means the intensity of electromagnetic radiation power per unit area; usually expressed in watts per square centimeter ( $\text{W}/\text{cm}^2$ );

- (47) "primary protection barrier" means a barrier sufficient to attenuate a useful beam to a required degree;
- (48) "protective apron" means an apron made of attenuating materials used to reduce radiation exposure;
- (49) "protective barrier" means a barrier of attenuating materials used to reduce radiation exposure;
- (50) "protective glove" means a glove made of attenuating materials used to reduce radiating exposure;
- (51) "pulsed laser" means a laser that delivers energy in short pulses, not in a continuous beam as does a continuous wave laser;
- (52) "q-switched laser" means a laser capable of extremely high peak powers for very short durations (pulse length of several nanoseconds);
- (53) "rad" means a measure of the dose of any ionizing radiation to a material in terms of the energy absorbed per unit mass of material. One rad is the dose corresponding to the absorption of 100 ergs per gram of material;
- (54) "radiation" means all ionizing and non-ionizing radiation and sonic, infrasonic, and ultrasonic waves;
- (55) "radiation machine" means any device capable of producing radiation except devices which produce ionizing radiation only from radioactive material;
- (56) "radiation source" means a radiation machine or radioactive material;
- (57) "radioactive material" means any material, solid, liquid, or gas, which emits ionizing radiation spontaneously;
- (58) "radiographer" means an individual who performs, or who, in attendance at a site where ionizing radiation sources are being used, personally supervises industrial radiographic operations;
- (59) "radiographer's assistant" means any individual who, under the personal supervision of a radiographer, used ionizing radiation sources, related handling tools, or survey instruments in industrial radiography;
- (60) "radiographic exposure device" means any instrument containing a sealed source of ionizing radiation, in which the source of shielding thereof may be moved, or otherwise changed, from shielded to unshielded position for purposes of making a radiographic exposure;
- (61) "radionuclide" means a radioactive element;
- (62) "registrant" means a person required by this chapter to registered with the department;
- (63) "rem" means a measure of dose of any ionizing radiation to body tissue in terms of the estimated biological effect relative to a dose of one roentgen of X-ray. The relation of the rem to other dose units depends upon the biological effect under consideration and upon the condition of irradiation. Any of the following is considered to be equivalent to a does of one rem:
- (A) an exposure to one roentgen of X- or gamma radiation;
  - (B) a does of one rad due to X-, gamma, or beta radiation;
  - (C) a dose of 0.1 rad due to neutrons or high energy protons;
  - (D) a dose of .05 rad due to particles heavier than protons and with sufficient energy to reach the lens of the eye;
- (64) "roentgen (R)" means an amount of X- or gamma radiation such that the associated corpuscular emission per 0.001293 grams of air produces in air ions carrying one electrostatic unit of quantity of electricity of either sign;
- (65) "scattered radiation" means radiation that, during passage through matter, has been deviated in direction;
- (66) "sealed source" means radioactive material that is permanently bonded or fixed in a capsule or matrix designed to prevent release and dispersal of the radioactive material under the most severe conditions which are likely to be encountered in normal use and handling;
- (67) "secondary protective barrier" means a barrier sufficient to attenuate stray radiation to a required degree;
- (68) "shielded room radiography" means industrial radiography, using ionizing radiation machines, which is conducted in an enclosed room, the interior of which is not occupied during radiographic operations, which is so shielded that every location on the exterior meets conditions for an uncontrolled area as specified in sec. 170 of this chapter, and the only access to which is through openings which are interlocked so that the ionizing radiation machine will not operate unless all openings are securely closed;
- (69) "shutter" means a device, generally of lead, fixed to an X-ray tube housing to intercept the useful beam;
- (70) "source material" means uranium or thorium, or any combination thereof, in any physical or chemical form or ores which contain 0.05 percent or more of uranium, thorium, or any combination thereof. Source material does not include special nuclear material;
- (71) "special nuclear material" means uranium -235, -233 and plutonium;
- (72) "specular reflection" means the reflection from a polished or mirrorlike surface;
- (73) "storage container" means a device in which sealed sources are transported or stored;
- (74) "stray radiation" means radiation not serving any useful purpose and includes leakage and scattered radiation;
- (75) "survey" means an evaluation of radiation protection practices. When appropriate, such evaluation includes a physical survey of the location of material and equipment, and measurements of levels of radiation or concentration of radioactive materials present;

(76) “therapeutic-type tube housing” means an X-radiation at a distance of one meter from the target cannot exceed one roentgen in one hours; and at a distance of five centimeters from any point on the surface of the housing accessible to the patient cannot exceed 30 roentgens in one hour when the tube is operated at any of its specified ratings;

(77) “uncontrolled area” means any area access to which is not controlled by the registrant for purposes of protection of individuals from exposure of radiation and radioactive materials, and any area used for residential quarters;

(78) “useful beam” means that part of an ionizing radiation which passes through a window, aperture, cone or other collimating device of a tube housing.

## **APPENDIX B**

### **Notice on Superiority Advertising**

At the request of the Federal Trade Commission and with the concurrence of the Alaska Attorney General, the Board of Chiropractic Examiners has repealed two provisions of the Alaska Administrative Code, effective August 31, 1986.

One of the repealed paragraphs, 12 AAC 16.910(b)(2), prohibited the advertising of techniques or modalities to infer or imply superiority of treatment or diagnosis by their use. The other repealed paragraph, 12 AAC 16.910(b)(4), prohibited print advertising claiming superiority over or greater skill than other practitioners. These provisions were both repealed so that the advertising practices previously prohibited would no longer be considered "misrepresentation" and therefore would be allowed.