



AYURVEDIC
ACCREDITATION
COMMISSION

Accreditation Handbook

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Introduction

Overview of Accreditation of Educational Programs

Accreditation is a process conducted by an external organization which grants accreditation to educational programs that have demonstrated a specified level of quality and integrity in its operations. Accreditation is a process that is entered into voluntarily by educational programs and requires their self-appraisal and continuing improvement. Accreditation provides assurance to the general public, the educational community, governmental agencies, potential students, and other organizations and individuals regarding the quality and integrity of institutions and programs.

In the United States, private, independent entities typically make accreditation decisions. These accrediting agencies establish standards and other criteria for accreditation, conduct virtual or onsite visits to verify compliance with standards, and decide whether to accredit the professional programs that have applied. Once accredited, the institutions and programs are monitored and periodically re-evaluated by their accreditor, and they engage in a periodic, comprehensive self-appraisal process at time intervals specified by the agency.

There are two basic types of accreditation: “institutional” and “programmatic.” Institutional accreditation pertains to an entire educational institution, while programmatic accreditation pertains to specialized or professional programs, departments or schools that are part of the higher education institution.

The Ayurvedic Accreditation Commission (AAC) is a programmatic accrediting agency. As such, it serves to ensure the high quality of Ayurvedic medicine education in the United States through the granting of accreditation to programs in Ayurvedic medicine that voluntarily seek AAC accreditation and meet AAC’s standards.

Vision, Mission, and Goals and Values of AAC

Vision

The vision of AAC is to accredit educational programs of Ayurveda, ensure quality, promote excellence, and advance improvement in Ayurvedic medical education.

Mission

The mission of AAC is quality assurance: serving the public by accrediting programs in Ayurvedic medicine that voluntarily seek accreditation and that demonstrate they meet or exceed AAC's standards.

Goals and Values

1. In order to fulfill its mission, the Commission has identified the following as its primary goals and values:
2. To provide a voluntary, peer-review accreditation service that works in partnership with the Ayurvedic medicine profession, educators, regulators, certifying bodies and the public in developing and administering its standards and processes.
3. To encourage collaboration and cooperation among AAC-accredited programs to foster continuous improvement and excellence in Ayurvedic medicine education.
4. To pursue the development of processes and cooperative arrangements that minimize expense and unnecessary duplication of effort for programs seeking and maintaining AAC accreditation.
5. To operate cost-effectively and efficiently in order to minimize the financial impact of accreditation on programmatic resources and student tuition.
6. To operate in a manner that respects due process and is characterized by openness, transparency, fairness, equity, and consistency.
7. To develop credible, relevant, and regularly updated accreditation standards that are informed by science and clinical experience, and that reflect the ongoing evolution of the field of professional Ayurvedic medicine.
8. To provide an accreditation process that welcomes and honors diversity in all aspects of Ayurvedic medicine professional education, including theory, philosophy, and instructional methods.
9. To ensure, through valid and reliable evidence-based evaluation processes, that AAC standards are being met by Ayurvedic medicine professional programs that seek initial and continued AAC accreditation.
10. To give accreditation to programs in compliance with AAC standards, and to serve as an information resource for government entities, healthcare clinics, potential students, patients/clients, the public and other stakeholders interested in understanding the meaning of AAC accreditation and the level of clinical training and skills of graduates of AAC-accredited programs.

Part 1: Overview of the Accreditation Process

Brief Overview of the Accreditation Process

Applying for AAC accreditation is a voluntary, multi-step process. To begin the process, a program in Ayurvedic medicine (hereafter “Program”) must submit an “Eligibility Application” that demonstrates its readiness to seek accreditation status. Programs are invited to apply for initial accreditation according to the policies and procedures outlined in this handbook. AAC grants initial accreditation to programs in Ayurvedic medicine that demonstrate compliance with AAC’s accreditation standards and policies. Once a Program is initially accredited, AAC periodically reaffirms the program’s accreditation. The same process is followed for both initial accreditation and reaccreditation.

The full, six-step process of initial accreditation is outlined below:

STEP ONE: Submit an Eligibility Application

(For additional details, see Part 2 of handbook)

- Programs seeking accreditation shall submit an Eligibility Application in accordance with AAC requirements. The requirements include submitting a letter of intent and providing key documentation.
- The eligibility application is reviewed by the Ayurvedic Accreditation Commission (hereafter “Commission” or “Council”) within 30 days of receipt. Upon review, the Commission may (1) approve the application (2) request additional information, or (3) deny the application. If the eligibility application is denied, the program has one year to resubmit their Eligibility Application for no additional fee.

The Eligibility Application requires a \$1500 Eligibility Application Review

STEP TWO: Advance to Candidate for Accreditation Status

(For additional details, see Part 3)

- Program candidates receiving authorization to seek accreditation will advance to “Candidate for Accreditation Status.” Candidates for Accreditation have up to three years to submit the self-study report with an option to request an additional one-year extension.
- Candidates will also participate in an accreditation workshop with the AAC Executive Director or AAC designee by phone or virtual meeting.

Upon approval of the Eligibility Application, candidates shall pay a \$1500 Candidacy Fee. This fee will be paid annually until the submission of the self-study report.

STEP THREE: Complete a Self-Study Report for Accreditation

(For additional details, see Parts 4 & 5)

- Through the self-study report, a program demonstrates and documents that it complies with AAC's accreditation standards and policies.
- The self-study report requires programs to engage in a comprehensive self- reflection/self-assessment of the program's success in achieving its mission and objectives, as well as the degree to which it meets the Commission's accreditation standards.

Program candidates shall pay a \$5,000 Self-Study Review Fee along with the self-study report.

STEP FOUR: Host an Accreditation Site Visit and Submit a Formal Response

(For additional details, see Part 6)

Following the submission of a complete self-study report, the Commission authorizes a virtual or in person site visit. The site visit (hereafter "Site Visit") is a comprehensive process conducted by a site team (hereafter "Site Team"), which consists of individuals that represent the Commission. The purpose of the visit is to:

- to verify first-hand the information in the self-study report
- to determine whether the program complies with AAC's accreditation standards and policies, and
- to provide insight to the program on suggested or recommended improvements, as and if appropriate.

The Site Team provides a detailed site team report to the Program, which includes its findings and recommendations.

The Program submits a formal response to the Commission which includes any concerns or objections the program may have to the "recommendations" made by the Site Team (hereafter "Formal Response"). If the program takes no issue with any of the team's findings or recommendations, it should state this in its Formal Response.

Program candidates shall pay a \$4,000 Administrative Fee in an advance of a virtual site visit. For in-person site visits, Programs shall pay the Administrative Fee in addition to Site Team travel and associated costs.

STEP FIVE: Attend a Commission Accreditation Hearing

(For additional details, see Part 7)

The Commission holds a hearing during which the Program has an opportunity to address the AAC Board of Directors, and the Directors have an opportunity to ask questions of the program. After the Program representatives depart, the Commission, in closed session, makes a decision regarding the Program's accreditation status.

STEP SIX: Receive a decision regarding initial accreditation from the Commission

(For additional details, see Part 7)

Following the Commission decision hearing on initial accreditation, the Commission may take any of the following actions regarding the program:

- (1) grant an initial accreditation term for 3 to 6 years (with or without requirements).
- (2) defer a decision on accreditation (with or without requirements); or
- (3) deny accreditation.

Steps of the Initial Accreditation Process

STEP ONE: Submit Eligibility Application

If approved, the program is authorized to seek initial accreditation status.

STEP TWO: Advance to Candidate for Accreditation Status

Candidates have up to 3 years to submit a self-study report.

After program is authorized to seek accreditation, program must attend orientation workshop.

STEP THREE: Complete a Self-Study Report

The self-study report requires programs to engage in a self-assessment process.

After report is submitted and deemed complete by the Commission, a site visit is authorized.

STEP FOUR: Host a Site Visit and Submit a Formal Response

Site visit may be in-person or virtual.

Site team compiles site team report.

Programs then submit a formal response to the recommendations in the site visit

STEP FIVE: Attend a Commission Accreditation Hearing

Commission reviews program materials and holds a closed hearing with program.

Commission then makes final decision regarding accreditation.

STEP SIX: Determination Made

Accreditation granted, deferred, or denied

Parts 2-9 of this Accreditation Handbook provide additional detail regarding the steps for initial accreditation outlined in the Accreditation Overview in Part 1.

Part 2: Eligibility Application

Programs seeking accreditation shall submit an Eligibility Application in accordance with the AAC requirements below:

1. A letter of intent from the institutional entity indicating the Program's commitment to pursue accreditation status.
2. A copy of the documentation showing state authorization of the school to operate and to offer an Ayurvedic medical program.
3. A copy of the catalog or other publication that provides information on the Program, including admissions requirements.
4. A list of Program faculty, including academic degrees.
5. A curriculum outline of the Program, including hours.
6. The most recent audited financial report.
7. An organizational chart for the school/program.
8. A narrative description of the Program of up to 10 pages in length that explains how the Program complies with AAC's Standard IV, "Program of Study" (detailed in Part 4).

A Program must have students enrolled, at a minimum, in the first year of the Program in Ayurvedic medicine before it may submit an Eligibility Application.

The eligibility application is accompanied by a \$1500 fee that shall be paid by the program to AAC.

A complete eligibility application is reviewed by the Executive Director and/or the Commission within 30 days of receipt. Upon review, the Commission may:

- Request additional information from the Program and/or an opportunity to meet with Program representatives by phone or virtual meeting to discuss the application.
- Approve the application if the Commission deems that the Program is ready to seek accreditation status and authorize the Program to submit an accreditation self-study report during their candidacy status.
- Deny the application if it is evident that the Program is not yet ready to seek accreditation status. In the case of denial, the Commission shall inform the program of the deficiencies upon which the Commission based its decision. The program will have one-year to correct deficiencies and re-submit an eligibility application with no additional fee.

Part 3: Candidacy Status

Programs that have received approval by the Commission to seek accreditation, pursuant to review of the eligibility application, move into “Candidate for Accreditation Status,” referred to as “Candidacy.”

After notification by the Commission of approval of Candidacy, the program is required to remit the annual fee as set forth in Appendix 5, Fee Schedule, within 10 days of notification.

In addition, the program administrator(s) is required to attend a mandatory orientation workshop with AAC’s Executive Director to receive structured support and ensure a good understanding of the Self-Study process.

In general, the Commission grants Candidacy to programs that meet the following conditions:

- The program satisfies the Commission’s eligibility requirements; and
- The program shows substantial compliance with the Commission’s accreditation standards and policies at a level that is reasonable for the program’s stage of development.

Once a program has entered status as a Candidate for Accreditation, it may remain in candidacy for three (3) years as it prepares for the initial accreditation review. During the candidacy period, it must comply with the conditions set forth below in the Terms of Agreement.

Terms of Agreement for Candidate Programs

A program recognized by the Commission as a Candidate for Accreditation agrees to comply with the following requirements:

- Abide by the policies stated in the Handbook of Accreditation and any other policies the Commission may adopt.
- File an annual report to the Commission no later than 30 days prior to the anniversary date of the candidacy status, which includes the following:
 - The current student enrollment for all active cohorts.
 - The number of graduates for the preceding academic year, and the estimated number of graduates for the current academic year.
 - A current budget and a copy of the previous fiscal year financial statement.
 - An update on the program’s progress toward completing the self-study report and projection of estimated completion date.
 - Identification of specific challenges/concerns within the self-study process.
 - Any other information that the Commission may request.

- Pay annual candidacy fees as established by the Commission.

Program candidacy will not be renewed unless the Commission is in receipt of the annual report and candidacy fee within 30 days of the anniversary date of candidacy status.

A Program may postpone or withdraw its candidacy status at any stage in the process following its submission of the eligibility application and prior to the Commission's decision on initial accreditation.

In the event that the Program postpones or withdraws its candidacy, the Program may reactivate its application for initial candidacy within one year of the date that its eligibility application was accepted.

If the Program does not reactivate its application within one year from the date that its eligibility application was accepted, then it must submit a new eligibility application and pay the required fee again if it decides subsequently to seek accreditation.

Loss of Candidacy

A program may remain in candidacy for no longer than three years prior to submission of its self-study report. A program loses its candidacy status whenever a program fails to achieve initial accreditation within three years from the date the Commission granted candidacy status—either (i) by failing to take the required steps to seek initial accreditation within the three-year period of candidacy (in which case candidacy status lapses automatically), or (ii) by being denied initial accreditation by the Commission (see the section on initial accreditation below).

A program may request a one-year extension of candidacy if it is actively engaged in the self-study review process with the Commission but has not yet received initial accreditation.

Additionally, the Commission may withdraw a program's candidacy for cause at any time, and the program has discretion to relinquish its candidacy status (and any subsequent accreditation) at any time, since seeking and maintaining accreditation is entirely voluntary.

The Commission reserves the right to withdraw the candidacy of a program for cause, if: (i) evidence of progress in development of the self-study report is lacking, (ii) the conditions or circumstances upon which the program was granted candidacy have significantly changed so as to adversely affect the quality of the program, or (iii) the program fails to comply with the Terms of Agreement.

If the Commission believes that candidacy should be withdrawn, it issues a letter requesting that the program correct the identified deficiencies within a specified period of time.

Circumstances that may lead the Commission to issue a letter include the following:

- Failure to maintain compliance with the Commission's eligibility requirements or the Commission's policies.
- Unsatisfactory progress in meeting the general goals for development of the self-study

report.

- Inadequate financial support and control.
- Substantial inaccuracies in the catalog or academic calendar and other program publications.

Whenever the Commission considers withdrawing candidacy, it holds a meeting with representatives of the program. If the Commission recommends withdrawal of the program's candidacy a notice sent within ten business days after the meeting. The letter includes the reasons upon which the Commission's action is based. The program may appeal the Commission's decision in accordance with the Commission's Policy on Appeals. Pending action on an appeal, the program's candidacy status remains in effect.

A program whose candidacy status is withdrawn may apply for reinstatement of its candidacy status as soon as the deficiencies are corrected, provided that the three-year time limit for achieving initial accreditation has not expired. The reinstatement process requires the program to submit a focused report (the content of which is specified by the Commission) demonstrating that it has satisfactorily addressed the deficiencies. The Commission holds a hearing on whether to approve reinstatement of candidacy. The three-year time limit for achieving accreditation, which began when the program was initially granted candidacy, is not altered by reinstatement.

A program that loses its candidacy status with no opportunity for reinstatement (due to the expiration of the three-year candidacy period) must wait at least one year from the date its candidacy status lapsed or was withdrawn before reapplying for candidacy. To reapply for candidacy, a program must first petition the Commission for permission to submit a new eligibility application. If there are outstanding recommendations contained in a decision letter previously issued to the program, then the program must include in its petition information and documentation that demonstrates that it has addressed the outstanding recommendations.

If candidacy was withdrawn for cause, the program must include in its petition information and documentation demonstrating that it has addressed the cause(s) set forth in the previous decision letter.

Part 4: Accreditation Standards

Standard I: Mission

The organization shall have a formally adopted a mission statement for the Program that:

- Provides clear direction for the program's purpose, values, and goals; and is consistent with AAC's accreditation standards.
- The mission statement is developed through an inclusive process that involves input from the Program's constituencies, including the administration, faculty, and students.
- The mission statement serves as the foundation for the Program's assessment and should clearly articulate to faculty, staff, students, and other stakeholders what the Program is trying to accomplish.
- The mission is widely disseminated in Program hardcopy and online publications (e.g., course catalog, student handbook).
- The programmatic mission is periodically re-evaluated and revised as needed.

Standard II: Organization and Administration

The organization offering the Program must be legally able to operate within state educational jurisdiction.

There must be means by which the Program can formally, regularly, and effectively communicate to the organization's governing board and administrative leadership team its needs for resources and provide input on relevant programmatic issues.

Program Administration

The Program must have an appropriately qualified chief administrator (e.g., dean, director, chair) who is responsible for overseeing the program. The chief administrator must have appropriate authority and autonomy to provide academic leadership and manage the program.

The chief administrator must ensure that:

- a. Fiscally responsible strategic or long-range planning is periodically carried out in order to enable the program to adapt to changing circumstances and address issues identified through the program's assessment processes, and
- b. The program of study is regularly reviewed and revised as needed.
- c. The program must have an appropriately qualified administrative staff sufficient to meet the needs of the Program and achieve the Program's mission. The organizational structure of the administrative staff should be clearly set forth in an organizational chart or some other document. Staff members should have clearly defined roles and responsibilities and have sufficient authority to carry out their responsibilities

- effectively.
- d. There must be in place a comprehensive set of policies and procedures that include procedures for evaluating the performance of staff on a regular basis, a grievance policy for employees, and non-discrimination and equal opportunity policies. Within the constraints of its resources, the organization and program provide employees with opportunities for professional development.
 - e. There must be mechanisms in place to allow all appropriate constituencies within the program—including faculty, administrative staff, and students—to communicate their needs and provide input in matters of significant interest to them to the Program’s leadership team. Faculty members must have opportunities to provide substantive input into policy matters directly related to the educational program and faculty.

Standard III: Faculty

The Program shall have faculty sufficient in terms of qualifications and size for the Program offered.

The Program must maintain a faculty that is numerically sufficient to perform the academic and administrative responsibilities assigned to it.

The education, teaching experience and practical professional experience of each faculty member must be appropriate for the subject area taught. Every faculty member must demonstrate relevant experience and provide evidence of keeping abreast of developments in his or her field. The faculty qualifications guidelines specific to each program level are listed in Appendix 5.

Due attention must be given to relevant legal requirements in areas of non-discrimination, equal opportunity, and affirmative action employment practices. Faculty contracts must clearly specify employment terms and responsibilities, and faculty member performance must be periodically evaluated.

Provision must be made for regular and open communication among members of the faculty and between the faculty and administrative officers of the program.

Standard IV: Program of Study

The program hours, clinical practicum, and educational competencies, outline the requirements and knowledge expected of a graduate of an Ayurvedic training program. Each level of program – Ayurvedic Health Counselor, Ayurvedic Practitioner, and Ayurvedic Doctor – has requirements specific to its academic curriculum.

The educational competencies specific to each program level are provided in Appendices 6-8.

Prerequisites

All programs must require an Anatomy and Physiology prerequisite/co-requisite as indicated below:

- Six (6) credit (or 90 hour) college-level course of Anatomy and Physiology (“A&P”), or its equivalent, will be required for AHC, AP, and AD levels. The A&P course may be taken as a prerequisite or co-requisite; however, the A&P coursework will not be included for the purposes of calculating total program hours.
- A&P is a fundamental program requirement and should be included as part of the curriculum and sequenced to reflect the progression of learning and ensure that students meet their intended learning outcomes.

Program curriculum must demonstrate conformance to the required hours, clinical practice, and educational competencies. The program hours and clinical practice requirements are outlined below.

Program Hours Requirements for Ayurvedic Health Counselor (AHC) Programs

Total AHC program hours 600 hours minimum¹

Total program hours are delivered as follows: (see below for definitions)

- Residential in-person hours: 180 minimum
- Distance learning hours: 420 maximum may be delivered as follows:
 - Synchronous online learning hours (live streamed)
 - Asynchronous hours: 300 hours maximum

Total Clinical Encounters Hours = 75 minimum (see guidelines table below)

Clinical Encounter Guidelines:

	Observation		Supervised		Independent Practice
AHC Minimum 50 client encounters	Group Setting In Person or Live Streaming	One to one In Person or Live Streaming	Group In Person or Live Streaming	One to one In Person or Live Streaming	Supervised by review of students' case reports by faculty before chikitsa can be provided to the client
	10 maximum		10 minimum		10 maximum
Initial consultation	Out of 50 client encounters a minimum of 15 should be initial consultation				
In person	Out of 50 client encounters a minimum of 15 should be in person				
Minimum AHC Clinical hours	75 hours minimum Maximum 2 hours for initial consultation and maximum one hour for follow up				

¹The Ayurvedic Health Counselor program hours do not include the anatomy and physiology prerequisite/corequisite requirements.

*Residential In person hours: Hours live and in person in a classroom or clinic with faculty physically present. This includes practicum and clinical sessions.

**Distance learning - synchronous hours: Virtual classroom where students, clients and teacher are online at the same time and are able to interact in real time.

***Distance learning - asynchronous hours: Asynchronous online learning using digital platforms. Participants are not required to be online at the same time. Coursework is delivered via web, email and message boards. Students do not have instant contact with teachers.

Program Hours Requirements for Ayurvedic Practitioner (AP) Programs

Total AP program hours 1500 hours minimum¹

Total program hours must conform to the following methods of delivery: (see below for definitions)

- Residential in-person hours: 540 minimum
- Distance learning hours: 960 maximum may be delivered as follows:
 - Synchronous online learning hours (live streamed)
 - Asynchronous hours: 660 hours maximum

Total Clinical Encounters Hours: 225 hours minimum (see guidelines table below)

Clinical Encounter Guidelines:

	Observation		Supervised		Independent Practice
AP	Group Setting	One to one	Group	One to one	Supervised by review of students' case reports by faculty before chikitsa can be provided to the client
Minimum 150 client encounters	In Person or Live Streaming	In Person or Live Streaming	In Person or Live Streaming	In Person or Live Streaming	
	25 maximum		40 minimum		30 maximum
Initial consultation	Out of 150 client encounters a minimum of 45 should be initial consultation				
In person	Out of 150 client encounters a minimum of 45 should be in person				
Minimum AP Clinical hours	225 hours minimum Maximum 2 hours for initial consultation and maximum one hour for follow up				

¹The Ayurvedic Practitioner program hours do not include the anatomy and physiology prerequisite/corequisite requirements.

*Residential In person hours: Hours live and in person in a classroom or clinic with faculty physically present. This includes practicum and clinical sessions.

**Distance learning - synchronous hours: Virtual classroom where students, clients and teacher are online at the same time and are able to interact in real time.

***Distance learning - asynchronous hours: Asynchronous online learning using digital platforms. Participants are not required to be online at the same time. Coursework is delivered via web, email, and message boards. Students do not have instant contact with teachers.

Program Hours Requirements for Ayurvedic Doctor (AD) Programs

Total AD program hours 4000 hours minimum¹

Total program hours are delivered as follows: (see below for definitions)

- Residential in-person hours: 2040 minimum
- Distance learning hours: 1960 maximum may be delivered as follows:
 - Synchronous online learning hours (live streamed)
 - Asynchronous hours: 1160 hours maximum

Total Clinical Encounters Hours: 525 hours minimum (see guidelines table below)

Clinical Encounter Guidelines:

	Observation		Supervised		Independent Practice
AD Minimum 300 client encounters	Group Setting In Person or Live Streaming	One to one In Person or Live Streaming	Group In Person or Live Streaming	One to one In Person or Live Streaming	Supervised by review of students' case reports by faculty before chikitsa can be provided to the client
	45 maximum		80 minimum		70 maximum
Initial consultation	Out of 300 client encounters a minimum of 95 should be initial consultation				
In person	Out of 300 client encounters a minimum of 95 should be in person				
Minimum AD Clinical hours	525 hours minimum Maximum 2 hours for initial consultation and maximum one hour for follow up				

¹The Ayurvedic Doctor program hours do not include the anatomy and physiology prerequisite/corequisite requirements.

*Residential In person hours: Hours live and in person in a classroom or clinic with faculty physically present. This includes practicum and clinical sessions.

**Distance learning - synchronous hours: Virtual classroom where students, clients and teacher are online at the same time and are able to interact in real time.

***Distance learning - asynchronous hours: Asynchronous online learning using digital platforms. Participants are not required to be online at the same time. Coursework is delivered via web, email and message boards. Students do not have instant contact with teachers.

Standard V: Assessment

The Program articulates a set of educational goals and objectives that reflect the programmatic mission and engages in ongoing improvement through an assessment process that demonstrates the degree to which the Program is successful in meeting its mission, goals, and objectives.

The Program adopts and documents an assessment plan/process that provides accurate information regarding the progress of students in attaining the knowledge, skills, competencies, and attitudes required by the Program.

The Program engages in regular, ongoing assessment activities in accordance with its assessment plan/process. The results of assessment activities are used to identify and address deficiencies in the content and delivery of the program.

The Program demonstrates a commitment to ongoing improvement through periodic, systematic review of its educational goals and objectives, training model, and curriculum to ensure their appropriateness in relation to:

- The programmatic mission
- Regional and national needs for Ayurvedic medicine professional services
- Standards of professional competency and practice in the field of professional Ayurvedic medicine
- The evolving body of scientific and professional knowledge and
- Graduates' career paths

The Program must establish principles and methods—including a grading system—for the ongoing assessment of student achievement in relation to the competencies set forth in Standard IV (Program of Study).

A variety of assessment measures must be systematically and sequentially applied throughout the program.

The Program must maintain appropriate records of the professional career development and success of its graduates, including—as may be available and relevant—data on program completion, and professional certification.

Standard VI: Admissions and Student Services

General Provisions

The program shall provide student services and activities that reflect the Program's mission, goals and objectives, support good student morale, and assist students in the achievement of professional growth while they progress through the program. Student services shall include the following areas:

- Admissions
- Orientation
- Academic advisement and
- Financial aid (if offered).

The Program must publish in the student handbook (or in a comparable publication) a statement that clearly defines the rights, privileges, and responsibilities of students, and that specifies the procedures for conducting disciplinary and academic standing proceedings for violations of those responsibilities. Whenever the faculty or administration takes a formal action that adversely affects the academic or enrollment status of a student, there must be a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action would be based, and an opportunity for the student to respond.

The Program shall provide a means for systematically obtaining student views and input into programmatic planning and decision-making.

The Program must publish in the student handbook (or in a comparable publication) fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students and must maintain a record of their disposition during the preceding three-year period demonstrating that these complaints and grievances were handled in an equitable manner according to the published policies and procedures.

Admissions

The Program shall have a published student admission policy that:

- Reflects the Program's mission, goals and objectives and clearly specifies the educational prerequisites and minimum qualifications of applicants that the program considers necessary for academic and professional success.
- The Program shall endeavor to select students who possess the intellectual capacity, integrity, and personal characteristics necessary for professional success.
- Admission policies must comply with applicable federal and state laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the Program.
- Specific admissions policies (e.g., policies pertaining to transfer credit, advanced

standing, re-admittance into the Program, non-discrimination, etc.) shall be clearly stated in program publications.

- Enrollment, cancellation, and refund policies shall comply with applicable federal and state laws and regulations.

The Program must adhere to its published admissions policies any exceptions to a policy are based on well-founded and documented reasons. Admissions files for students contain required documents.

Recruitment and admissions activities shall be conducted legally, and with honesty and integrity. The content of marketing materials and of any representations made to prospective students must be clear and accurate.

Programs shall determine if they will accept transfer credit from other programs or institutions. If schools/programs grant transfer credit, their full transfer policy shall be articulated as part of the accreditation application and shall include the following:

- How the Program evaluates the curriculum, faculty, number of hours, and options around partial or full credit of permitted transfer credit
- How the Program integrates transfer credit into the curriculum
- How the Program determines that the transfer credits match the school's competencies and
- Any other Program-defined requirements for transfer credits

If the Program permits transfer credit, AAC recommends that students complete at least 1/3 of the Program's hours at the host institution in order to confer a certificate of completion.

The transfer policy, in its entirety, must be included in the Program's handbook and submitted as part of its application.

In considering education and training obtained in foreign countries, the Program should obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the Program lacks sufficient information or expertise to make an interpretation.

The admissions policy must involve planning and periodic assessment to determine whether the policy is adequately serving the needs and interests of the students, Program, and profession, and how it could be doing so more effectively.

Student Records

The Program shall have an accurate and complete record keeping system, including permanent academic records that document the completion of program requirements. Students should have reasonably convenient access to their academic, attendance, financial and other records.

Policies shall be in place regarding the data to be included in the students' permanent records, as well as the retention, safety, security, and disposal of records. Policies on record keeping, access to records and release of information must reflect the rights of individual privacy, the confidentiality of records, and the best interests of the student and the Program and must comply with state and federal laws and regulations.

Academic Advisement

Students must have ready access to academic advising, and access to a list of resources.

The Program should have in place mechanisms to identify at-risk students and address their needs in a timely manner; should it become apparent that a student lacks the abilities necessary to successfully complete the program, he or she should be counseled out of the program in a timely manner.

Official Publications and Online Resources

The Program shall make available to students and to the public, a catalog, student handbook or comparable official publication (or publications) that, at a minimum, accurately sets forth its:

- Current mission, and educational goals and objectives
- Admissions requirements and procedures
- Transfer credit and advanced standing policies, including the criteria for accepting transfer credit
- Tuition, fees, and refund policies
- Opportunities and requirements for financial aid (if applicable)
- Academic performance requirements
- Policies and procedures related to satisfactory academic progress
- Rules for student conduct
- Student disciplinary procedures
- Student grievance procedures
- Grading and attendance policies
- Program completion requirements
- Members of the administration, including their positions
- Faculty members
- Non-discrimination policy
- Academic calendar
- Program sequence or curriculum outline
- Course descriptions for each course
- Sources of information on the requirements for professional certification, and entry into the profession, if readily available

Publications, advertising, and other communications must provide complete, accurate and clear information regarding the Ayurvedic medicine program. Publications and advertising must not misrepresent employment, career, and certification opportunities.

The program must publish its status and relationship with the AAC and provide AAC's address and phone number in accordance with AAC policy.

Information Resources

The Program must have information resources that are appropriate to the needs of the students and faculty, including a collection of materials in a variety of formats that is appropriate to the program curriculum.

Standard VII: Finances

The Program shall allocate sufficient financial resources to enable it to meet AAC's accreditation standards and policies. There shall be sufficient financial resources to:

- Achieve the Program's mission, and educational goals and objectives.
- Maintain a program faculty that meets AAC's standard on faculty, and that allows for adequacy of instruction.
- Maintain a program administration that meets AAC's Standard on Organization and Administration (see Standard II).
- Provide facilities, equipment and other learning resources to the Program that meet AAC's standard on facilities and equipment (see Standard VIII).
- Fulfill existing program commitments and complete the instructional commitment to current enrollees.

The program shall have an annual budget that clearly sets forth the program's projected financial resources/revenues and expenditures, and that is based on realistic assumptions. Program administrators and other relevant personnel are involved in the development of the annual budget, are provided with regular financial reports, and are informed of budget changes in a timely manner. Program administrators shall have appropriate authority and autonomy to utilize budgeted resources to achieve the program's mission, and educational goals and objectives.

Financial considerations must not compromise the mission and quality of the program or cause more students to be enrolled than the program's resources can reasonably accommodate.

Standard VIII: Facilities and Equipment

The program must have facilities that are sufficient to meet its needs. Classroom and other instructional space (e.g., clinic space, if applicable)—and/or the space and equipment necessary for offering online instruction— must be appropriate to the curriculum, instructional and training methods, and the size of the student body.

Faculty and staff offices, conference areas and other physical resources must be sufficient for carrying out teaching, administration, and other assigned responsibilities.

The facilities must be safe, accessible, and appropriately maintained, and must meet federal, state, and local fire, safety, health and other applicable rules and requirements.

The program must have a functioning Ayurvedic clinic appropriate to the level of training that includes Ayurvedic treatment space and an in-house pharmacy for herbs and herbal formulations.

Part 5: Self-Study Procedures and Guide

The self-study report for accreditation plays a central role in the accreditation process. Through the self-study report, a program demonstrates and documents that it complies with AAC's accreditation standards and policies; it also serves as the basis for a site visit to the program by an AAC site team to verify the information in the self-study report and evaluate the program's compliance with accreditation standards and policies.

As the name implies, the self-study report requires programs to engage in a comprehensive self-reflection/self-assessment—based on the information gathered during the self-study process—of the program's success in achieving its mission and objectives, as well as the degree to which it meets the Commission's accreditation standards. Based on its findings, the program formulates plans and recommendations for changes to the program infrastructure and curricula in order to realize the mission, ensure compliance with AAC standards, and improve the educational experience and success of students more effectively.

Self-study reports must demonstrate that the program seeking initial accreditation or reaccreditation has engaged in a thorough self-evaluation process, has sought the active participation of all relevant program constituencies (e.g., staff, faculty, students, the governing board, etc.), and has provided a thorough and honest assessment of the program's strengths and weaknesses relative to the program's mission and the Commission's accreditation standards. As explained below, if a program submits a self-study report that does not meet the Commission's requirements, it will be required to revise and resubmit the report.

The self-study report is initially reviewed by the AAC Executive Director for completeness and responsiveness in regard to required content and documentation. If there are questions about the contents of the report, or anything that needs to be further detailed, the Executive Director informs the program within sixty days of receipt of the report of the steps it must take to address them. The Executive Director may choose to convene a review committee to review the report. If that happens, the review committee may identify any questions or specific content areas of the report that the program must address.

The Self-Study Guide in Appendix 9 of this handbook provides detailed instructions regarding the report content, format and required documentation.

Part 6: Accreditation Site Visit and Formal Response

Following the submission of a complete and responsive self-study report acceptable to the Commission, the Commission authorizes a “site visit” to the institution where the program is located. The site visit is a comprehensive process conducted by a “site team”: a group of individuals that represent the Commission. The site team is led by a team chair, and it includes an educator and a practitioner in the field of Ayurvedic medicine. The purpose of the visit is (i) to verify first-hand the contents of the self-study report, (ii) to determine whether—and the degree to which—the program complies with AAC’s accreditation standards and policies, and (iii) to provide advice and insight to the program, as might be appropriate, based on the expertise of team members. As described further in this section, the site team presents its findings to the Commission in a written report.

The site visit will be arranged as a live, virtual visit and may take place over a two-day to three-day period. Site visit dates are arranged by the Commission’s Executive Director in consultation with the program’s chief administrative officer. An appropriate amount of lead time is agreed upon with the program so that the site team has full access to the program facility and the relevant program individuals are fully available for the visit. In consultation with the team chair and AAC Executive Director, a site visit schedule is prepared that outlines the team’s activities during the visit. A copy of the schedule is provided to the program.

The program is responsible for payment of the site visit fee as listed in Appendix 4 at least 15 days prior to the scheduled date. The site visit will be postponed and will not be rescheduled until payment is received.

The program’s chief administrator is required to provide advance notice to the faculty, staff, and students about the pending site visit. The program must prominently post or otherwise provide a notification to students, staff, and faculty that they may contact the Commission’s Executive Director to request an opportunity to meet privately with the site team. Arrangements are made in advance for any separate, confidential meetings between the AAC site team and those individuals seeking such a meeting during the visit.

During the site visit the team gathers information on the program and formulates its findings and confidential recommendation to the Commission regarding a decision on accreditation. Within one month of the site team visit, the team is responsible for drafting the site team report. The Executive Director distributes the draft report to the members of the site team and the program’s chief administrative officer. The site team report does not contain the team’s confidential recommendation to the Commission on accreditation.

Within 15 business days of receiving the draft report, the program may offer corrections or edits to any inaccuracies in the draft report to the Executive Director, who in turn forwards it to the team chair for review. The site team chair has the sole discretion for incorporating any suggested changes and for approving the content of the final report.

The Executive Director provides a copy of the final version of the site team report to the program's chief administrative officer, and also provides a copy to each team member. Prior to the Commission meeting at which the program will be considered for accreditation, Commission members also receive a copy of the report to review. The program may, at its discretion, distribute the report to whichever groups or individuals it considers appropriate.

Formal Response

Once the Commission issues the final team report, which is not subject to further revision, the program is required to submit a formal response to the final report within 15 days of receiving it. The following requirements apply to the program's response: It should focus primarily on any concerns or objections the program may have regarding what the team report has identified as "recommendations" (i.e., the team's findings). The team report may also identify "areas of interest," which denote situations that could potentially evolve to non-compliance with a Commission standard or policy; the program may, but need not, address them in its response. The team report may also offer "suggestions" in the report; however, since the program is not required to implement these suggestions, the program does not need to address them in its response. If the program takes no issue with any of the team's findings, it should state this in its response.

Part 7: Commission Decision-Making Procedures

Prior to the Commission meeting at which a program's initial accreditation or reaccreditation will be considered, the Executive Director provides to the Commission the following materials for review:

- The program's self-study report
- The site team report
- The team's confidential recommendation regarding the recognition action
- The program's Formal Response

The Program's chief administrator will be given at least 2 weeks' notice of the date of the Commission's meeting on an accreditation decision so that the Program may attend the closed session meeting.

At the meeting, the Commission holds a hearing in closed session during which the program is invited to offer comments and Commission members ask questions and discuss any findings contained in the report with which it disagrees. The closed session may be attended only by:

- Commission members not affiliated with the program (the term "affiliated" is defined in the Commission's Policy on Potential Conflicts of Interest, see Part 11, Policy 2 of the Handbook)
- The Commission's Executive Director and other authorized staff members
- Representatives of the program
- The chair of the site team that visited the program (optional)

With the approval of the Commission's president, other third-party individuals may attend that portion of the closed session needed to provide information about the program.

Following the Commission's interview with representatives from the program, the representatives depart. The Commission, remaining in closed session, then makes a decision regarding the program's status. The Commission relies solely upon the written materials described above and any additional information obtained during the hearing to reach its decision.

Since the Commission has the final authority to grant or deny accreditation, or take other actions in accordance with its policies, the findings and confidential recommendation of the site team are solely advisory to the Commission. After considering all relevant information, the Commission may adopt, modify, or eliminate specific team findings—or add findings not identified by the team based on the Commission's review of the record—and also may adopt the confidential recommendation or decide differently based on its own judgment.

Part 8: Commission Actions on Initial Accreditation and Terms of Agreement

Following a Commission hearing on initial accreditation, the Commission may take any of the following actions regarding the program:

- Grant an initial accreditation term for 6 years.
- Grant an initial accreditation term for a period shorter than 6 years (e.g., to ensure ongoing compliance or to monitor areas of interest)
- Defer a decision on accreditation (with or without requirements) or
- Deny accreditation

Within ten business days after the hearing, the Commission mails written notification of its action to the program's president and other staff as appropriate.

Granting Accreditation

In granting initial accreditation, the Commission has determined that the program is in substantial alignment with the Commission's standards and policies and is achieving the program's stated mission and objectives. If the Commission grants initial accreditation, the Commission may set forth in its decision letter one or more (i) "recommended areas to strengthen" (i.e., aspects of the program that need additional work to comply with AAC standards and policies) and any corresponding action that the Commission deems necessary to address these issues, and/or (ii) "areas of interest," which are issues that do not amount to non-compliance, but require ongoing reporting.

In some cases, as part of its decision, the Commission may suggest additional processes, such as a focused or interim report and/or a follow-up visit to monitor a program's progress in addressing areas of non-compliance. Note that although the Commission grants initial accreditation for a specified term of up to six years, the Commission may review the program sooner if the program's circumstances warrant.

Deferring Decision on Initial Accreditation

In general, the Commission defers a decision on initial accreditation if the program appears, overall, to be in compliance with the Commission's accreditation standards and policies, except for identified issues in multiple key areas that the Commission believes can be satisfactorily addressed within a reasonable timeframe not to exceed two years.

In the case of deferral, the Commission may request a report containing additional information or documentation by a certain date regarding steps taken to address any issues; in addition, the Commission may require a follow-up focused evaluation visit to observe whether the stated

issues have been adequately addressed. If the Commission defers a decision on initial accreditation, the Commission informs the program of the issues upon which the deferral is based, the steps the program must take to demonstrate that it has addressed the deficiencies identified by the Commission, and the likely timeframe for holding another hearing to reconsider the program for initial accreditation.

A program may not appeal a decision by the Commission to defer initial accreditation, as a deferral is not considered an adverse decision. If a program fails to satisfactorily address the issues identified by the Commission within the specified timeframe, the Commission may subsequently deny initial accreditation.

Denial of Accreditation

In general, the Commission denies initial accreditation to a program if the program has neither demonstrated substantial compliance with the Commission's accreditation standards and policies, nor demonstrated the capacity to address identified deficiencies to a satisfactory degree within a two- year timeframe. Whenever the Commission denies initial accreditation, the reasons for the Commission's action are stated in the written notification to the program. A program denied initial accreditation may appeal the decision in accordance with the Commission's Policy on Appeals (see Part 11, Policy 3).

If a program that is denied initial accreditation wishes to reapply for initial accreditation, it must resubmit a new self-study report and pay the required fee; also, the program must wait at least one year from the date of denial of initial accreditation before it may resubmit the report.

Withdrawal of Application

A program may postpone or withdraw its application for initial accreditation at any stage in the process prior to the Commission's decision on initial accreditation. In the event that the program postpones or withdraws its application, the program may reactivate its application within one year of the date of withdrawal by informing the Commission and updating the original self-study report submission. Should the Commission incur any expense due to the postponement or withdrawal, such as the cost of airline tickets, the program will be responsible for covering these expenses.

If the program does not reactivate its application within one year from the date that it withdraws its application, then it must submit a new Eligibility Application and pay the required fee if it decides subsequently to seek AAC accreditation.

The program will refrain from using a public forum to challenge the Commission's decision regarding a program's initial accreditation.

Terms of Agreement for Accredited Programs

A program accredited by the Commission agrees to:

- Maintain its program and operations in accordance with AAC's accreditation standards and policies
- Submit an annual report to the Commission by no later than 30 days prior to anniversary date of initial accreditation
- Provide any information, documentation or reports that may be requested by the Commission to demonstrate continued compliance with accreditation standards and policies
- Pay annual dues and other fees as established by the Commission

Additionally, accredited programs are expected to engage in a continuing self- study and self-development process to enhance quality.

Part 9: Commission Actions on Reaccreditation

Once a program gains initial accreditation, the Commission periodically “reaffirms” the program’s accreditation status (this process is also referred to as “reaccreditation”). The application process for reaccreditation is the same as that for initial accreditation: submission of a self-study report, followed by a site visit by a site team, and concluding with a hearing before the Commission. See Appendix 9 for detailed guidance on preparing for, writing, and submitting a self-study report; see the sections above for information on the site visit and the Commission review and hearing procedures.

Following a Commission hearing on reaccreditation, the Commission may :

- Reaffirm accreditation for a period of up to six years (with or without requirements)
- Reaffirm accreditation for a period shorter than six years
- Defer reaccreditation (with or without requirements) or
- Deny reaccreditation, in which case the accreditation status of the program is withdrawn

Within ten business days after the hearing, the Commission mails written notification of its action to the institution’s president, the governing board chair, and the program’s chief administrator.

A Program may be reaccredited for a period of up to six years, though the specified accreditation period may review the program sooner if the Commission deems that appropriate. If the Commission grants re-accreditation to a program, the Commission may set forth in its decision letter one or more “recommended areas to strengthen” or “areas of interest,” as described in the previous section. In some cases, as part of its decision, the Commission may require a focused or interim report and onsite visit to monitor a program’s progress in addressing areas of non-compliance.

In general, the Commission defers a decision on reaccreditation if the program appears, overall, to be in compliance with the Commission’s accreditation standards and policies, except for deficiencies in one or more key areas that the Commission believes can be readily addressed within a reasonable timeframe not to exceed one year. In the case of a deferral, the Commission may request a report containing additional information and/or documentation by a certain date regarding the steps taken to address any issues; in addition, the Commission may require a follow-up focused site visit to observe whether the deficiencies have been adequately addressed. If the Commission defers a decision on reaccreditation, the Commission informs the program of the deficiencies upon which the referral is based, the steps the program must take to demonstrate that it has addressed the deficiencies identified by the Commission, and the likely timeframe holding another hearing to reconsider the program for reaccreditation.

A program may not appeal a decision by the Commission to defer reaccreditation, as a deferral is not considered an adverse decision. If a program whose reaccreditation is deferred is subsequently reaccredited by the Commission, the reaccreditation time period granted reflects the duration of the deferral.

If a program fails to satisfactorily address the deficiencies identified by the Commission within the specified timeframe, the Commission may subsequently deny reaccreditation.

In general, the Commission denies reaccreditation to a program (and thus withdraws its accreditation status) if the program is substantially out of compliance with a number of the Commission's accreditation standards despite previous attempts to remedy areas of non-compliance identified by the Commission, or has engaged in practices that violate the Commission's standards and policies, and it appears that the program is incapable of bringing itself into substantial compliance with AAC's standards and policies within a one-year period.

Whenever the Commission denies reaccreditation, the reasons for the Commission's action are stated in the written notification to the program. A program denied re-accreditation may appeal the decision in accordance with the Commission's Policy on Appeals (Part 11, Policy 3). If a program that is denied re-accreditation wishes to reapply for accreditation, it must engage in the entire accreditation process anew, including submission of an Eligibility Application.

Part 10: Reporting Requirements, Interim Reports, Annual Reports, Substantive Changes

Focused and Interim Reports and Visits

In conjunction with a Commission decision on accreditation—or whenever a program’s circumstances, in the judgment of the Commission, warrant—the Commission may require a program to submit a “focused” or “interim” report and possibly host a follow-up focused or interim onsite visit. Focused/interim reports and visits allow the Commission to assess the program’s current level of compliance in regard to specific Commission standards and policies and can review the program’s steps to address key issues in a context other than (or sooner than) a comprehensive accreditation visit.

When applicable, the Commission specifies the content of the required report and the nature of the visit—including the duration of the visit, the composition of the site team, and the aspects of the program to be reviewed.

Corrective Action

The Commission may apply a corrective action to an accredited program in the case of non-compliance with one or more of AAC’s accreditation standards or policies. In this case, the Commission informs the program that it must bring itself into compliance within a certain specified timeframe, generally not to exceed one year (see Policy 14: Enforcement of Standards). The following corrective actions may apply:

1. **Letter of Advisement.** The letter is sent to the program’s chief administrative officer and other key staff, as appropriate, —and the program is advised of any issues or practices that could lead to a more serious corrective action if not addressed as soon as possible. The letter requests a focused report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Commission has discretion to specify a longer timeframe). The Commission does not make public the fact that it has issued a letter of advisement.
2. **Probation.** If a program fails to respond satisfactorily to a letter of advisement or continues to be non-compliant with accreditation standards or policies, it may be placed on probation, which is a public sanction. A formal letter is sent to the program’s chief administrative officer, and other key staff, as appropriate, and identifies the issues upon which the probation is based. The letter requests submission of a report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Commission has discretion to specify a longer timeframe).
3. **Show Cause.** If a program fails to correct the issues that resulted in probation, does not respond to a letter of advisement, or is found otherwise to have strongly deviated from the Commission’s standards or policies, it may be requested to show why its

accreditation should not be withdrawn at the end of a stated period. The request to show cause is by formal letter to the program's chief administrative officer, and other key staff, as appropriate. The program must demonstrate to the Commission why its accreditation should be continued beyond the stated period. The letter sets forth the issues upon which the show-cause action is based, specifies the show-cause period, and requests submission of a report and (optionally) an evaluation visit by a specific date. The issuance of a show-cause letter is a public sanction.

The Commission judges the nature and severity of the situation in determining whether to issue a letter of advisement, impose probation, or issue a show-cause letter. While the three sanctions are of increasing severity, they are not necessarily applied sequentially. Accreditation continues during a period of a corrective action. The Program is responsible for any costs associated with a sanction, such as hosting an onsite visit.

As noted above, the Commission has the authority to impose a corrective action in the context of a hearing on reaffirmation of accreditation; in this case, the Commission may, but is not required to, provide notice of its intended action. Should the Commission consider placing an accredited program on probation or issuing a show-cause letter outside of the context of an accreditation action, the Commission will: (i) inform the program of the corrective action and the issues or circumstances upon which the action is being considered, and (ii) provide the program an opportunity to submit a written response at least 15 days prior to date of meeting at which the Commission will make a decision. Within ten business days of imposing a corrective action the Commission gives the program written reasons for its action. A program may not appeal a decision by the Commission to impose a corrective action, as it is not considered an adverse decision.

At the end of the time period stated in a show-cause letter, the Commission will withdraw the accreditation of a program that has not corrected to the satisfaction of the Commission the deficiencies or circumstances which led to the issuance of the letter. At least 30 days before the meeting date on which the Commission will decide whether to withdraw accreditation based on the circumstances or deficiencies identified in the show-cause letter, it will: (i) inform the program of its intended action, and (ii) provide the program an opportunity to submit a written response at least 15 days prior to date of meeting.

If a program or its institution is found by the Commission or a judicial court—or a federal or state agency—to have engaged in fraudulent activity related to the program, or if the institution loses its authority to grant a degree or certification for the program, the Commission will withdraw accreditation. In such cases, the Commission's procedures for corrective action do not apply, and the terms and conditions set forth in a letter of advisement, a probation decision, or a show-cause letter that the Commission may have issued are nullified.

A program that has its accreditation withdrawn is not entitled to a refund of any fees or dues it has paid to the Commission. As outlined above, a program interested in regaining accreditation must submit a new Eligibility Application.

Annual Report

An accredited Ayurvedic medicine program is required to submit an annual report to the Commission no later than 30 days prior to the anniversary date of accreditation. The annual report form is emailed to the program 60 days prior to the anniversary date of accreditation. The Commission reviews annual reports to ensure programs' ongoing compliance with accreditation standards and policies, monitor programs' progress in addressing outstanding "areas to strengthen" and "areas of interest," and to become aware of any significant changes or trends that may adversely affect individual programs' ability to remain in compliance with accreditation standards and policies.

Substantive Change

A substantive change of an accredited program is a change that may significantly affect the quality, mission, content, objectives, scope, or location of educational offerings; the degree or certification awarded; or the legal control of the program. If a program wishes to make a substantive change, it must provide to the Commission a detailed description of the intended change at least three months prior to implementing it, given these changes may impact its accreditation status. Additionally, there are a few types of changes that require approval by the Commission prior to implementation of the proposed change; in these cases, the program must apply to the Commission at least six months prior to the proposed change with a detailed description of the change.

The following are examples of substantive changes, with those requiring prior Commission approval noted:

1. Any change in the legal status, sponsorship, or control of the institution that offers the program
2. A significant change or departure in terms of mission and objectives, content, or delivery of the program from the time of the Commission's most recent evaluation of the program (requires prior Commission approval)
3. A significant affiliation with another institution to offer aspects of the program, including certain articulation agreements (requires prior Commission approval)
4. A change in the credential awarded for completion of the program (requires prior Commission approval)
5. The offering of a different format of the accredited program for students from other healthcare professions (requires prior Commission approval) and
6. Offering the accredited program at a branch campus or another instructional site where students can complete the entire program or a substantial portion of the program

A program should not publish a notice or statement that would indicate that a substantive change planned by the program but not yet formally approved by the Commission is already recognized by the Commission.

In cases where a program's administrative officers are uncertain whether a change, they are considering is substantive and thus requires notification to the Commission, they should consult the Commission's Executive Director.

Part 11: Policies and Procedures of the Commission

This part of the Handbook of Accreditation contains the formal policies and procedures of the Commission that pertain to AAC-recognized programs and the Commission itself. Additional policies and procedures pertaining to recognized programs and the Commission are also found in other sections of the Handbook.

Policy 1: Commission Membership

In accordance with the NAMAC Bylaws (Appendix 1) the volunteer members of the Commission's Board of Directors are elected by the Board from among the Commission's three major stakeholders: AAC-accredited educational programs, the Ayurvedic medicine profession, and the general public (which can include Ayurvedic medicine patients/clients). The Board establishes by resolution the size and composition of the board. Directors are distributed among the following categories:

- Ayurvedic Medicine Educator Director: a person who is currently—or was recently—directly engaged in a significant manner in postsecondary Ayurvedic medicine education in an academic capacity (e.g., professor, instructor, academic dean, or similar).
- Ayurvedic Medicine Professional Director: a person whose primary or significant professional activity is in the Ayurvedic medicine field.
- Public Director: a person who represents the interest of the public and who is not an employee, consultant, director, graduate, or student at an institution that offers an Ayurvedic medicine professional program or a former or current practicing Ayurvedic medical professional; a current employee, consultant, director, or member of an organization whose mission is related to the field of Ayurvedic medicine; or a spouse, parent, child, or sibling of an individual described in this definition.

Members of the Commission's Board of Directors agree to:

- Support the mission, goals, and values of the Commission.
- Maintain confidentiality in accordance with AAC policies and procedures, abide by AAC's conflict of interest policies, and exercise loyalty to AAC and due care in all matters related to board service.
- Be well informed on the Commission's articles of incorporation, bylaws, accreditation standards, and policies and procedures.
- Remain mindful of the constituencies the Commission serves: the public (including Ayurvedic medicine patients/clients), Ayurvedic medicine programs and their students, and the Ayurvedic medicine field; and
- Be well prepared for and attend the meetings of the Commission.

Policy 2: Conflict of Interest

The decisions of the Commission are to be made solely on the basis of promoting and balancing the best interests of the public, Ayurvedic medicine education programs, Ayurvedic medicine students and clients, and the field of Ayurvedic medicine in the United States. It is therefore the policy of the Commission to have effective controls against actual conflicts of interest—and to address the appearance of conflicts of interest—by AAC directors, staff members, site team members, consultants, and other Commission representatives by adhering to these requirements:

Directors shall disclose any actual or potential conflicts of interest—including affiliations with Ayurvedic medicine programs, other Ayurvedic medicine organizations, and for-profit entities within the Ayurvedic medicine industry—in writing and orally at the annual meeting of the board of directors.

Whenever the Commission enters into a hearing concerning a recognition action related to an Ayurvedic medicine program—or reviews a submission of a recognized program (e.g., an annual report)—any Commission member who is affiliated with the program must disclose prior to the Commission’s discussion on the matter before the Commission the nature of his or her affiliation with the program; and recuse himself/herself from discussion of and voting on the program’s application or recognition action or other matter.

1. No member of a site visit team, or any Commission representative accompanying the team, may be affiliated with the program being visited.
2. No administrative staff members or consultants hired by the Commission may be affiliated with a AAC-accredited program or a program that has or is seeking recognition, except that the Commission may waive this requirement if it determines that it can effectively address the potential conflict of interest.

For the purposes of this policy, a person is “affiliated” with an Ayurvedic medicine program if he or she, or a member of his or her immediate family (spouse, parent, child, brother, or sister): is currently—or during the last seven years has been—an officer, director, trustee, employee, contractor, or consultant of the institution where the Ayurvedic medicine program is located. Has been a student in the Ayurvedic medicine program within the last three years; or Has had during the last seven years other dealings with the institution at which the program is located from which he or she has or will receive cash or other remuneration.

If for any other reason a Commission member believes he or she has a conflict of interest or the appearance of one with regard to any program’s application or recognition action before the Commission, or otherwise believes that he or she cannot make an impartial decision in regard to these matters, the member shall declare the conflict or the appearance of one.

If a representative of an Ayurvedic medicine program that has an application or recognition action before the Commission has reason to believe a member may have a conflict of interest, or if any other Commission member or the Commission's Executive Director may so believe—and if that member does not declare the conflict of interest—a request may be made that the Commission consider the matter. Discussion of the possible conflict of interest shall take place with all parties present, and shall be resolved, if necessary, by a taking a vote with all Commission members present entitled to vote.

Policy 3: Appeals

The Commission affords due process to Ayurvedic medicine programs by allowing programs affected by certain adverse actions (see below) to appeal the Commission's action to an independent Appeal Board. Within ten business days of an adverse action, the Commission sends a notice to the chief administrative officer of the program in question, and to the institution's chief executive officer and governing board chair. The notice states the adverse action and describes with specificity the basis of the action; included with the notice is a copy of this Policy on Appeals. A program that wishes to file a letter of appeal to an adverse action must do so within 30 days of having received the notice of the action from the Commission.

An appellant program may be represented by legal counsel throughout the appeal process; however, an appeal is not a formal judicial process and the attendant procedures and rules of a formal judicial process do not apply.

The accreditation status of an appellant program remains in effect until the expiration of the period within which the appellant program may file a letter of appeal, or until the completion of the appeals process, whichever shall later occur.

Appealable Adverse Actions

An Ayurvedic medicine program may appeal the following adverse actions within 30 days of having received notice of the action from the Executive Director: the denial, withdrawal, revocation, suspension, or termination of accreditation.

Basis for an Appeal

It is the responsibility of the program to substantiate one or more of the following as the basis for appeal:

- There were errors and/or omissions in carrying out prescribed procedures on the part of the site visit team or the Commission.
- There was demonstrable bias or prejudice on the part of one or more members of the site visit team or the Commission's Board of Directors that significantly affected the decision.
- The evidence before the Commission at the time of the decision was materially in error;
or

- The decision of the Commission was not adequately supported by the facts before it at the time, or it was contrary to the substantial weight of evidence before the Commission.

In its letter of appeal, the Ayurvedic medicine program must set forth in detail the grounds for the appeal, stating with specificity the reasons why the program believes those grounds exist.

Appointment of the Appeal Board and Scheduling of the Hearing

Upon receipt of an appeal letter, the Commission’s Executive Director notifies the board president, who appoints an Appeal Board that consists of a minimum of three members and a maximum of five members—including at a minimum one public member, one Ayurvedic medicine professional member and one Ayurvedic medicine educator—and designates one of the members to serve as the chair. No member of the Appeal Board may be a board or staff member of the Commission, be affiliated (as defined in the AAC Conflict of Interest policy) with the appellant program, have served on a site visit team to the appellant program, or have any other conflict of interest. Appointments are made from the field of higher education, including academic and administrative personnel, and from the field of Ayurvedic medicine.

The Executive Director, in consultation with the appellant program, establishes a date, time and place for a meeting of the Appeal Board at least 30 days in advance of the meeting, and notifies in writing the parties concerned. At least 15 calendar days before the meeting, the program provides the Executive Director with (i) any documentation or evidence it wishes to support its position, provided that the documentation/evidence was available to the site visit team at the time of the visit, and (ii) the names and positions of any witnesses it plans to have in attendance. The Executive Director forwards this information to the members of the Appeal Board.

Role of the Appeal Board

- In carrying out their duties, the members of the Appeal Board:
- Meet at the time and place designated by the Executive Director to consider the appeal (hearings may be carried out via videoconferencing).
- Provide for a hearing if the appellant has so requested.
- Consider the grounds for the appeal as stated by the appellant program.
- Study the evidence submitted in writing by the program in support of its appeal.
- Consider the reports of site visit teams, Commission reports and decision letters, the program’s response, and any other supporting or relevant statements and documents.
- Compare the Commission’s policies and procedures with the procedures followed in arriving at the adverse action.
- Prepare a report of the meeting of the Appeal Board, including the final decision of the Appeal Board, within ten calendar days after the meeting; and
- Forward the record of the Appeal Board’s meeting and the decision of the Appeal Board to the Commission’s Executive Director, including a summary report of the Appeal Board’s meeting, the appeal documents filed by the program, and other statements and documents considered by the Appeal Board.

Hearing Procedures

The following is an outline of the procedures followed by the Appeal Board:

The chair of the Appeal Board presides at the hearing. If the appellant has requested an opportunity to appear at the hearing, the chair ensures that all participants have a reasonable opportunity to be heard and to present all relevant oral and written evidence.

Technical rules of evidence do not apply to the hearing, and the chair of the Appeal Board may limit the evidence to avoid undue repetition and to ensure relevance. The chair rules on all questions pertaining to the conduct of the hearing.

Each party—the Commission and the appellant—has the right to be represented by counsel or an authorized spokesperson, to examine the witnesses of the other party, and to present oral or written evidence.

The hearing is conducted in closed session with only necessary participants present. A secretary, selected by the Appeal Board from outside its ranks, records the minutes of the hearing; however, at the election of either party and at the expense of that party, a court reporter may be engaged to prepare a record of the hearing.

As the proceeding before the Appeal Board is appellate in nature and is therefore limited to the existing record from previous proceedings, no discovery shall be permitted for either side and no evidence not already properly in the record on appeal shall be accepted, provided that the parties may offer witnesses for the limited purpose of elucidating the meaning of evidence properly before the Appeal Board.

Notwithstanding this policy, before a final adverse action based solely upon a failure to meet a standard or other requirement pertaining to finances is issued, the program may on one occasion seek review of significant financial information that was unavailable to the institution or program prior to the determination of the adverse action, and that bears materially on the financial deficiencies identified by the Commission. Such information shall be considered by the Appeal Board prior to rendering a decision. Any determination by the Commission or the Appeal Board made with respect to the newly presented financial information shall not be separately appealable by the program.

Decisions of the Appeal Board

The Appeal Board may issue a final decision that an adverse action be affirmed, reversed, or modified; this decision is binding on the Commission. After arriving at its final decision, the Appeal Board shall notify the Commission of the decision and remand the decision to the Commission for further action consistent with the decision of the Appeal Board. Upon receiving notification of the decision, the Commission shall inform the program in writing of the result of its appeal and the basis for that result.

Should an appellant program believe that the Commission has not correctly carried out the final decision of the Appeal Board, the appellant program may present this issue to the Appeal Board, which issue shall be appealable to the same Appeal Board; the Appeal Board in this circumstance shall retain jurisdiction for the limited purpose of determining whether its decision on remand has been correctly carried out and, if not, to provide further instruction to the Commission.

Costs of an Appeal

A program's appeal letter to the Commission shall be accompanied by a deposit of up to \$6,000, as determined by the Commission, to cover travel (if applicable), lodging (if applicable), honoraria, and other necessary expenses of the Appeal Board and the Commission. The expenses of the appeals process will be handled as follows:

- Members of the Appeal Board receive an honorarium of \$200 per day for each day or portion of a day that they meet, and a \$200 honorarium for preparation time.
- If the Appeal Board affirms the adverse action of the Commission, the appellant bears all of the expenses of the members of the Appeal Board and all of the Commission's expenses related to the appeal.
- If the Appeal Board remands the matter to the Commission with the instruction that the adverse action be reversed or modified, the costs of the appeal are borne equally by the appellant and the Commission.
- Following the completion of the appeals process, the Commission's Executive Director prepares for the appellant a detailed statement of all expenses. The appellant is obligated to pay any expenses that exceed its deposit, and any unused portion of the appellant's deposit shall be refunded.

Policy 4: Formal Complaints against AAC-Accredited Programs or the Commission

As an accrediting body, AAC is concerned primarily with the performance, improvement, and sustained effectiveness of Ayurvedic medicine programs. The Commission does not generally intervene in the internal procedures of programs or their institutions, nor is the Commission an adjudicatory or grievance-resolving body. The Commission does, however, review formal written complaints against AAC-accredited programs, provided that (i) the complaints are adequately documented, and (ii) indicate lack of compliance with the Commission's accreditation standards and/or policies. Accredited programs are required to make available to students the Commission's mailing address and telephone number, and to provide access to the Commission's Handbook of Accreditation through an administrative office or library.

If litigation is initiated over the same issue brought to the Commission by a complainant, the Commission will review the matter but will defer action pending the outcome of litigation unless it finds evidence to indicate serious non-compliance with an accreditation standard or policy. In such a case, the Commission's procedures for handling complaints against programmatic members are implemented.

A Complaint against an AAC-Accredited Program

The following are the procedures the Commission follows in addressing a complaint against an AAC-accredited program:

When an oral complaint against an accredited program is received, the complainant is provided a copy of this policy statement and advised that complaints must be submitted to Commission in writing with sufficient documentation to substantiate the complaint.

When a written complaint against an accredited program is received, the Executive Director acknowledges receipt of the complaint in writing within 15 days. The Commission will not review anonymous complaints.

The Executive Director analyzes the written complaint to determine whether the complaint: (i) is adequately documented, (ii) indicates non-compliance with any of the Commission's accreditation standards and/or policies, and (iii) has been previously submitted to the program and has been reviewed by the program in accordance with its grievance and/or appeals process, if applicable to the situation. The Executive Director may, at his/her discretion and in consultation with the board president, appoint a review committee to conduct a preliminary review of the complaint to determine whether and what further Commission action may be required.

The Executive Director notifies the complainant in writing within 30 days if documentation is inadequate or the complaint does not indicate non-compliance with the Commission's standards and/or policies. Depending on the nature of the complaint, if the program's grievance and appeals procedures have not been utilized, the Executive Director advises the complainant to seek resolution through this process first.

When a complaint indicating non-compliance with the Commission's standards and/or policies is adequately documented—or a pattern or practice of non-compliance appears to be present when considering past complaints received against the program—the Commission's Executive Director sends written notification that a complaint has been filed to the chief administrative officer of the program and the institution's chief executive officer; the written notification either provides a report on the substance of the complaint or a copy of the actual complaint, and requests a written response to the complaint within 30 days. At the request of the complainant(s), the Commission may, at its sole discretion, keep the name of the complainant(s) confidential.

Once a written response from the program is received, the Executive Director in consultation with the AAC president appoints a review committee to review the complaint and the program's response. The review takes place within 45 days of receipt of the program's response.

Depending on the nature of the complaint, the review committee may:

- Dismiss the complaint for lack of grounds.
- Request additional information or documentation.
- Suggest a resolution of the matter to the complainant and the program, specifying the timeframe for the resolution; and/or
- Refer the matter to the Commission with a recommendation on how to proceed.
- The Commission may take one or more of the following actions:
- Dismiss the complaint for lack of grounds.
- Hold a hearing with the complainant(s) and program representatives to try to resolve the complaint in a way satisfactory to both parties.
- Make recommendations binding on the program, based on the written record and/or information received during the hearing, to ensure compliance with the standards and/or policies; or
- Require a focused visit to the program to review the matter cited in the complaint and take any action it considers appropriate based on the findings of the site team.

The Executive Director sends a written report of the Commission's action on the complaint to the program within ten business days of the Commission meeting at which the action was taken, and also informs the complainant of the disposition of the complaint when possible (in the event of a group complaint or group petition regarding a program/institution, the Commission may not be able to inform the complainants). This report constitutes the Commission's final action with regard to the complaint and may not be appealed, unless it is an adverse action as defined by the policy on appeals.

A Complaint against the Commission

A complaint against the Commission itself must be submitted in writing with supporting documentation to the Commission. The complaint must be related to the Commission's standards or other program/institution requirements, or its policies and procedures. Within 15 days of submission, the Executive Director acknowledges receipt of the complaint and refers it to the Commission's executive committee for review. Within 45 days from receipt of the complaint, the Commission's executive committee reviews the complaint and issues a written response to the complainant.

A complainant who considers the response inadequate may request to have the complaint reviewed by the full Commission during the Commission's next regularly scheduled meeting; in this case, the complainant must contact the Commission's Executive Director to request a hearing at least 30 days prior to the Commission meeting at which he/she wishes the complaint to be reviewed. During the hearing at which the complaint is reviewed, the complainant and the Commission are entitled to representation and may call witnesses. At the conclusion of the hearing, the Commission enters into closed session with only board members present to take action on the complaint. The action of the Commission is a final decision. Both the complainant and the Commission bear their own expenses.

If, at any time, a complainant initiates legal action against the Commission, the above procedures are no longer in effect and the Commission takes no action to review the complaint pending legal resolution.

Policy 5: The Representation of a Program's Relationship with the Commission

The Commission requires AAC-accredited Ayurvedic medicine programs, as well as programs seeking accreditation, to honestly and responsibly represent their association with the Commission orally and in writing. To this end, the Commission requires programs to adhere carefully to the following practices:

- No statement may be made by a program/institution about its possible future status with the Commission if that status has not yet been confirmed by an action of the Commission. For example, no statement of the following nature may be made: "(Name of program/institution) has applied for accreditation status with the AAC and is currently being evaluated. It is expected that accreditation will be granted in the near future."
- The program/institution may refer to itself as being "accredited" only after that status has been conferred by the Commission.
- If a program's eligibility application for initial accreditation has been accepted by the Commission, the program may describe its status with the Commission as being a "candidate for accreditation." Since a program has no official recognition by the Commission during the time period that it is an applicant for accreditation, the program must make sure that its representations do not imply that it is currently accredited by the Commission or will achieve recognition.

An accredited program may not describe itself as "fully accredited," since the Commission does not grant partial accreditation; the correct terminology is "accredited." Accreditation is granted to an Ayurvedic medicine program as a whole and not to individual units, courses, or certifications. Therefore, statements such as "this course is accredited" or "this certification is accredited" are incorrect and must be avoided.

In representing its association with the Commission in publications, the program/institution will use a brief and accurate statement that includes the Commission's address and telephone number, as follows:

In the case of the Commission's acceptance of a program's/institution's self-study report for initial accreditation: "(Name of program/institution) had its self-study report for initial accreditation accepted by the Ayurvedic Accreditation Commission, a programmatic and institutional accrediting agency for master's degree programs in clinical Ayurvedic medicine. The Commission's acceptance of the report means that the program/institution is under consideration for accreditation. However, the acceptance of the self-study report does not assure eventual accreditation or mean that the program/institution is formally recognized by the Commission. For information, contact: AAC, 351 Pleasant Street, #450, Northampton, MA 01060, info@ayurvedicaccreditation.org

In the case of the Commission granting accreditation to a program/institution:
“(Name of program/institution) is accredited by the Ayurvedic Accreditation Commission, a programmatic accrediting agency for programs in clinical Ayurvedic medicine. For information, contact: AAC, 351 Pleasant Street, #450, Northampton, MA 01060, info@ayurvedicaccreditation.org

A program’s ability to abide by these principles of good practice in its public representations is considered by the Commission as an indication of the program’s/institution’s integrity as an educational entity. If a program, as determined by the Commission or its president, releases incorrect or misleading information about its accreditation or applicant status with the Commission, or about any recognition action, the Commission notifies the program to immediately provide for the public correction of the information, or the Commission so provides.

Policy 6: Record of Student Complaints

In accordance with the Commission’s Accreditation Standard VI (Admissions and Student Services), accredited programs are required to publish policies and procedures for addressing student complaints and grievances, and to review and respond in a timely manner to student complaints submitted in accordance with the published policies and procedures.

Also, in accordance with the Accreditation Standard VI, accredited programs are required to maintain a complete record of formal student complaints and grievances, dating back at least three years or to the time of the Commission’s last comprehensive evaluation visit, whichever is longer, and to make the record available to the Commission’s site visitors during any site visit or at such other times as the Commission may request. The record includes the complaints filed and a description of the actions taken to resolve them.

During a comprehensive visit, a site team shall review student grievances and complaints contained in the program’s complaint record to determine the adequacy and appropriateness of the program’s response in light of the program’s written procedures. The Commission may also conduct such a review at any other times as it may deem necessary.

Policy 7: Public Comment on Accreditation Actions

THIS SECTION IS UNDER DEVELOPMENT

Policy 8: Revision of Accreditation Standards and Policies, Comprehensive Review of Standards

The Commission engages in a comprehensive review of its accreditation standards at least once every ten years from the time when the Commission last began a comprehensive review process but may engage in one sooner if it so chooses. The purpose of the comprehensive review process is to examine each of the Commission's standards individually and the complete set of standards as a whole. The Commission involves all of the relevant constituencies in the review process and affords them a meaningful opportunity to provide input into the review.

Comprehensive Review and Implementation Timeline

If, during the comprehensive review of the standards, the Commission determines that it is necessary to make changes to a specific standard, the Commission will initiate action within 12 months to make the changes. The entire review process must, however, be completed within a two-year period. AAC gives programs a reasonable lead time to implement any changes necessary to comply with new and revised standards.

Ad Hoc Review of Standards

The Commission may, at its discretion, initiate a review of individual accreditation standards whenever it determines that it may be necessary to revise these standards. In this case, the Commission will initiate the review process within 12 months of identifying the need to revise the standards in question and will complete the review and revision process within a reasonable amount of time not to exceed two years.

Public Comment on Proposed Revisions

Before adopting any revisions to its accreditation standards at a scheduled meeting of the Commission, the Commission provides for a public-comment period of at least 21 days' duration, with the notice period starting at least 40 days before the Commission meeting. Notice that the Commission will be considering adopting a revision to its standards will be posted on its website and will be sent, at a minimum, to the following organizations and individuals:

- Chief administrative/executive officers of programs that are accredited by the Commission or that are applying for accreditation.
- National organizations and professional Ayurvedic medicine associations that include graduates of AAC accredited programs as members; and
- Any other agency, organization, or individual that has requested in writing to be informed of proposed changes in the Commission's standards, or that the Commission wishes to solicit comment from.

The notice contains a description and/or the text of the revision under consideration (or information on how to access the revised materials) and the ending date of the public-comment period. The Executive Director provides Commission members with copies and a summary report of the comments received, and the Commission considers the comments before taking action.

Policy 9: Online and Distance Education

In order to ensure the academic integrity of an AAC-accredited program—or a program seeking initial accreditation—that is offered utilizing an online/distance learning delivery format for some or all of the program, the program complies with the following policy requirements:

1. Distance/online learning is appropriate to and consistent with the program's mission.
2. The program's plans for developing, sustaining, and, if appropriate, expanding distance/online learning offerings related to an AAC-accredited program are integrated into its regular planning and evaluation processes.
3. The program uses processes that effectively protect student privacy.
4. The program notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.
5. There is effective academic oversight of distance/online learning.
6. The curriculum of a clinical Ayurvedic medicine program offered using a distance/online learning format is coherent, cohesive, and consistent in academic rigor to a comparable program offered in a traditional instructional format.
7. The program evaluates the effectiveness of a clinical Ayurvedic medicine program offered using a distance/online learning format—including the extent to which the learning goals are achieved—and uses the results of its evaluations to improve quality.
8. Faculty responsible for delivering distance/online learning courses and evaluating the students' success in achieving the distance/online learning goals are appropriately qualified and trained and are effectively supported.
9. The program ensures that regular and substantive interaction between faculty and students takes place, including regular and substantive interaction initiated by the faculty.
10. The program provides sufficient financial, personnel and other relevant and necessary resources and services to support a distance/online Ayurvedic medicine program, including appropriate student, academic and information services.

There must be processes in place through which the program establishes that the student who registers in a distance education course is the same student who participates in and completes the course or program and receives the academic credit. This requirement will be deemed to have been met if the program:

1. Verifies the identity of a student who participates in class or coursework by using—at the option of the institution—methods such as (i) a secure login and pass code, (ii) proctored examinations, and/or (iii) new or other technologies and practices that are effective in verifying student identity; and
2. Makes clear in writing that the program uses processes that protect student privacy and notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Policy 10: Reporting and Disclosure of Information

Requests for Information from Appropriate Agencies

Upon request, AAC will share with other appropriate recognized accrediting agencies and recognized State approval agencies all information about the accreditation status of any AAC-accredited program and any adverse actions it has taken against an AAC-accredited program.

Actions by Other Accreditors and Public Agencies

A school/institution that offers an AAC-accredited clinical Ayurvedic medicine program is expected to remain in good standing with other accreditors with which the institution has accreditation or pre-accreditation, as well as with national and state regulatory agencies including boards of higher education (or similarly named agencies). The Commission requires accredited and applicant programs to report within ten business days certain actions taken by recognized institutional accreditors and by state agencies. The actions to be reported are:

- Any interim action by a recognized institutional accreditor potentially leading to the denial, suspension, revocation, or termination of accreditation or pre-accreditation, or any final action leading to one of these results.
- Any interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's authority to grant a degree or designation for its Ayurvedic medicine program, or any final action leading to one of these results; and
- The granting of accreditation or pre-accreditation to the institution.

Whenever the Commission learns that a school/institution that offers an AAC-accredited Ayurvedic medicine program is the subject of a pending or final adverse action as outlined above, the Commission will promptly review its accreditation of the program to determine whether the Commission also should take action by withdrawing the program's accreditation or imposing a sanction in the form of probation or a show-cause letter.

Information Report

The Commission publishes and makes available to the public an information report that includes:

- A directory of accredited Ayurvedic medicine programs/institutions with their addresses and telephone numbers.
- For each accredited program, the date of the most recent accreditation decision and the date when the Commission is next scheduled to decide on the reaffirmation of accreditation.
- For any program on probation or subject to a show-cause action, a notation to that effect, including the date of the action.
- For each applicant program, the year during which it is scheduled to be considered for initial accreditation.
- Instructions for obtaining the Commission's published accreditation standards, policies, and procedures, as well as for obtaining a list of Commission members and staff that includes their academic and professional qualifications, and their relevant employment

and organizational affiliations.

The information in the report is posted on the AAC website.

Confidentiality of Documents

In accordance with its Policy on Recordkeeping (Policy 11), the Commission routinely maintains a variety of materials associated with its accreditation of Ayurvedic medicine programs. Generally, all materials and documents pertaining to the accreditation process—as well as the Commission’s monitoring of programs’ ongoing compliance with standards and policies—are kept confidential by the Commission except as described in Policy 11. Among the documents the Commission treats as confidential are the following:

- Self-study reports for accreditation, interim reports, and progress reports.
- Site visit team reports and other reports of visiting representatives of the Commission.
- Program responses to site visit team reports and other reports.
- Correspondence to and from the program related to the program’s accreditation.
- Annual reports; and
- Substantive change reports.

The Commission makes confidential documents for accredited programs available for review by members of the Commission’s Board of Directors and staff. In cases where a program evaluated by the Commission is part of a school that has accreditation or pre-accreditation from a recognized institutional accreditor, or if the institution is in the process of applying to a recognized institutional accreditor, the Commission may share the program’s self-study report and Commission’s site team report—and other materials as may be relevant—with the institutional accreditor, which also treats the materials as confidential. The Commission may also provide access to confidential materials to the appropriate state higher education agencies. Additionally, the Commission may provide access to confidential materials if required to do so as part of a legal action.

Ayurvedic medicine programs may—but are not required to—make available to the campus community the self-study report, the site team report, and other reports submitted to or received from the Commission. They may also elect to release to the public those reports and records that the Commission treats as confidential. A program must be objective in publishing excerpts from a self-study report, site team report and other documents. Excerpts that quote only commendations or take statements out of context are to be avoided as they may be misleading.

When selective quotations are made or excerpts published, the program is required to provide access to the entire document from which the quotations or excerpts are taken. If the Commission, its president, or its Executive Director determines that a program has inaccurately or misleadingly published or stated information contained in a self-study report, site team report, or other document, the program must immediately provide an appropriate public correction, or the Commission’s president or Executive Director will so provide.

Policy 11: AAC Recordkeeping

For each program's last two comprehensive reviews, the Commission maintains the following records:

- The program's self-study reports.
- The Commission's site visit reports; and
- The program's Formal Responses to the site visit reports.
- A copy of each of the annual reports submitted by the program.
- Any interim reports, progress reports, and substantive change reports submitted by the program.
- Any interim or focused site visit team reports and the program's responses; and
- Any reports or materials generated as a result of a special review.

Additionally, the Commission maintains throughout a program's affiliation with the Commission the following records:

- All decisions regarding accreditation, including correspondence that is significantly related to those decisions.
- All decisions and correspondence related to substantive changes; and
- A complete and accurate chronological record of all its decisions regarding accreditation of a program.

Policy 12: Distribution of Program Reports

Self-Study, Interim, Focused and Progress Reports

The program is required to send to the AAC one electronic version of the required reports, including all the appendices. Hard copies of the reports and/or a storage drive containing the reports may be requested by AAC.

Annual Reports

The program is required to send to the AAC one electronic version of its annual report. The report is shared electronically with Commission members.

The program is responsible for mailing/emailing/uploading reports to AAC in whatever format is required, when necessary, as directed by the Commission.

Policy 13: Donations and Grants

The mission of AAC is to promote high-quality Ayurvedic medicine education in the United States through recognition of programs in clinical Ayurvedic medicine that voluntarily seek accreditation. As a non-profit, 501(c)(3) tax-exempt organization, the Commission welcomes

unrestricted donations and grants from sources that are aligned with AAC's mission, including foundations, non-profit organizations, governmental agencies, educational institutions, and individuals who wish to support this mission. The Commission reserves the right, however, to refuse any contribution that it believes could potentially compromise the Commission's mission or be construed as presenting a conflict of interest. In particular, AAC does not accept contributions from AAC-accredited programs or programs seeking AAC accreditation.

Policy 14: Enforcement of Standards

Whenever the Commission determines that a program is not in compliance with an accreditation standard or section of a standard, the Commission shall either:

1. Immediately initiate adverse action against the program (i.e., denial, withdrawal, suspension, revocation, or termination of accreditation, or any comparable action); or
2. Require the program to take appropriate corrective action to bring itself into compliance with the accreditation standard, or section of a standard, within a time period specified by the Commission that does not exceed one year in length from the date when the Commission made its determination.

If the program does not bring itself into compliance within the time period specified by the Commission, the Commission shall either take immediate adverse action; or extend for "good cause" the period provided for achieving compliance. To be eligible for an extension for "good cause." The Commission may grant an extension for "good cause" if:

- The nature of the non-compliance issue is such that it might require additional time to fully address.
- The program has demonstrated significant recent progress in addressing the noncompliance issue.
- The program provides reasonable evidence that it will remedy the noncompliance issue within the extended time period specified by the Commission.

The Commission may extend for "good cause" the period granted to the program to remedy the noncompliance issue for a maximum of one additional year. If the Commission extends the time period for "good cause," the Commission may, during the extension period, (i) apply a sanction against the program or continue an existing sanction (i.e., letter of advisement, probation, or show cause), and/or (ii) require the program to host an onsite evaluation visit. If a program fails to remedy a noncompliance issue within the extended time period specified by the Commission, the Commission shall issue a show cause sanction.

The Commission shall inform the program of this policy whenever the Commission notifies a program of a Commission finding of noncompliance.

Appendices

APPENDIX 1: BYLAWS OF NAMAC, INC.

BYLAWS
OF
National Ayurvedic Medical Accreditation Council (NAMAC)

A California Nonprofit Public Benefit Corporation

ARTICLE 1 OFFICES

SECTION 1.1 PRINCIPAL OFFICE

he principal business office and any auxiliary business offices of NAMAC may be located at such place or places as the Board of Directors may specify.

ARTICLE 2 PURPOSES

SECTION 2.1 OBJECTIVES AND PURPOSES

The primary objectives and purposes of this Council shall be:

NAMAC shall act as an independent entity with decision-making authority to evaluate and accredit Ayurvedic medical programs/schools in accordance with accreditation standards and policies adopted by the Board of Directors and the US Department of Education. NAMAC shall be governed by these Bylaws and shall not be accountable to any other agency or organization.

NAMAC shall:

- a. Operate according to a set of bylaws approved by the Board of Directors.
- b. Apply accreditation standards and policies adopted by the Board of Directors; and
- c. Adhere to government regulations and professional standards relating to accrediting bodies as may be required by law and the US Department of Education.

ARTICLE 3 FISCAL YEAR AND ANNUAL REPORTS

SECTION 3.1 FISCAL YEAR OF THE COUNCIL

The fiscal year of the Council shall begin on the first day of July and end on the last day of June in each year.

SECTION 3.2 ANNUAL REPORT

The Board shall cause an annual report to be furnished not later than one hundred and twenty (120) days after the close of the Council's fiscal year to all directors of the Council, which report shall contain the following information in appropriate detail:

- (a) The assets and liabilities, including the trust funds, of the Council as of the end of the fiscal year.
- (b) The principal changes in assets and liabilities, including trust funds, during the fiscal year.
- (c) The revenue or receipts of the Council, both unrestricted and restricted to particular purposes, for the fiscal year.
- (d) The expenses or disbursements of the Council, for both general and restricted purposes, during the fiscal year.

ARTICLE 4 BOARD OF DIRECTORS

SECTION 4.1 SIZE AND QUALIFICATIONS

The Council shall have no fewer than five (5) and no more than (7) directors, with the exact number to be fixed within these limits by approval of the Board of Directors in the manner provided in these bylaws, and collectively they shall be known as the Board of Directors. The above numbers may be changed by amendment of this Bylaw, or by repeal of this Bylaw and adoption of a new Bylaw, as provided in these Bylaws.

Directors shall be elected from the following categories as defined below:

- a. A minimum of two and a maximum of four directors shall be Ayurvedic faculty and/or staff, including at least one member whose primary professional activity is teaching.
- b. A minimum of two and a maximum of three directors shall be Ayurvedic medical professionals (faculty or staff who are also Ayurvedic medical professionals are eligible to fill this seat if their practice constitutes a significant part of their livelihood).
- c. A minimum of one and a maximum of three directors shall be appointed as a representative of the general public who has no professional involvement with Ayurvedic medicine.

The Board shall strive for an equal number of seats to be allotted for Ayurvedic educators and Ayurvedic professionals.

The Board may, from time to time, establish by resolution the apportionment of its members among the three Director categories noted above, provided that no decrease in the number of Directors shall have the effect of shortening the term of any incumbent.

SECTION 4.2 AUTHORITY

Subject to the provisions of the California Nonprofit Public Benefit Corporation Law, the activities and affairs of this corporation shall be conducted, and all corporate powers shall be exercised by or under the direction of the Board of Directors.

SECTION 4.3 DUTIES

It shall be the duty of the directors to:

- (a) Perform any and all duties imposed on them collectively or individually by law, by the Articles of Incorporation of this Council, or by these Bylaws.
- (b) Appoint and remove, employ, and discharge, and, except as otherwise provided in these Bylaws, prescribe the duties, and fix the compensation, if any, of all officers, agents, and employees of the

Council.

(c) Supervise all officers, agents, and employees of the Council to assure that their duties are performed properly.

(d) Meet at such times and places as required by these Bylaws.

(e) Register their addresses with the Secretary of the Council and notices of meetings mailed or e-mailed to them at such addresses shall be valid notices thereof.

SECTION 4.4 ELECTION AND TERM OF OFFICE

The Board of Directors shall be self-perpetuating and shall have sole authority for the election of Directors. The Board of Directors may elect a new Director anytime there is an actual or anticipated vacancy due to the completion of a term, resignation, death, removal, or other cause. The term of office of a Director shall be three (3) years, except when a Director is elected to fill an unexpired term. The Board shall establish the time at which each Director term commences, and initial terms may be set at one year, two years or three years to allow for staggered terms. Directors may serve for two consecutive terms. If the Director's initial term is a staggered term of one year or two years, the second consecutive term will be a full three-year term. Directors may be elected to additional three (3) year terms following a one-year period of non-service on the Board.

SECTION 4.5 NOMINATIONS

The Board of Directors shall periodically seek recommendations from Ayurveda stakeholders regarding individuals qualified to serve on the Board of Directors, and such recommendations shall be included in a pool of potential nominees. However, no entity other than the NAMAC Board of Directors shall have authority to elect Directors. The Board shall strive to appoint Directors with diverse educational and professional backgrounds.

SECTION 4.6 COMPENSATION

Directors shall serve without compensation except that they shall be allowed and paid their actual and necessary expenses incurred in attending directors' meetings. In addition, they shall be allowed reasonable advancement or reimbursement of expenses incurred in the performance of their regular duties as specified in Section 4.3 of this Article.

SECTION 4.7 VACANCIES

Vacancies on the Board of Directors shall exist (1) on the death, resignation, or removal of any director, and (2) whenever the number of authorized directors is increased.

The Board of Directors may declare vacant the office of a director who has been declared of unsound mind by a final order of court, or convicted of a felony, or been found by a final order or judgment of any court to have breached any duty under Section 5230 and following of the California Nonprofit Public Benefit Corporation Law.

Directors may be removed without cause by a majority of the directors then in office.

Any director may resign effective upon giving written notice to the President of the Board, the Treasurer, the Secretary, or the Board of Directors, unless the notice specifies a later time for the effectiveness of such resignation. No director may resign if the corporation would then be left without a duly elected director or directors in charge of its affairs, except upon notice to the Attorney General.

Vacancies on the Board may be filled by approval of the Board or, if the number of directors, then in office is less than a quorum, by (1) the unanimous written consent of the directors then in office, (2) the affirmative vote of a majority of the directors then in office at a meeting held pursuant to notice or waiver of notice complying with this Article of these Bylaws, or (3) a sole remaining director.

SECTION 4.8 NON-LIABILITY OF DIRECTORS

The directors shall not be personally liable for the debts, liabilities, or other obligations of the Council.

SECTION 4.9 INDEMNIFICATION BY CORPORATION OF DIRECTORS, OFFICERS, EMPLOYEES AND OTHER AGENTS

To the extent that a person who is, or was, a director, officer, employee or other agent of this corporation has been successful on the merits in defense of any civil, criminal, administrative or investigative proceeding brought to procure a judgment against such person by reason of the fact that he or she is, or was, an agent of the corporation, or has been successful in defense of any claim, issue or matter, therein, such person shall be indemnified against expenses actually and reasonably incurred by the person in connection with such proceeding.

If such person either settles any such claim or sustains a judgment against him or her, then indemnification against expenses, judgments, fines, settlements, and other amounts reasonably incurred in connection with such proceedings shall be provided by this corporation but only to the extent allowed by, and in accordance with the requirements of, Section 5238 of the California Nonprofit Public Benefit Corporation Law.

SECTION 4.10 INSURANCE FOR COUNCIL AGENTS

The Board of Directors may adopt a resolution authorizing the purchase and maintenance of insurance on behalf of any agent of the Council (including a director, officer, employee or other agent of the Council) against any liability other than for violating provisions of law relating to self-dealing (Section 5233 of the California Nonprofit Public Benefit Corporation Law) asserted against or incurred by the agent in such capacity or arising out of the agent's status as such, whether or not the Council would have the power to indemnify the agent against such liability under the provisions of Section 5238 of the California Nonprofit Public Benefit Corporation Law.

ARTICLE 5 OFFICERS

SECTION 5.1 OFFICER POSITIONS

The following are officers of the Board: President, Secretary, and Treasurer. The Board may, at its option, elect a Vice President. With the exception of the President and Secretary positions, a director may serve in more than one officer position simultaneously.

SECTION 5.2 QUALIFICATION, ELECTION, AND TERM OF OFFICE

With the exception of the Executive Director, who is appointed by the Board (Section 5.9), the officers of the Board shall be elected annually by and from the Board at the annual meeting of the Board. Each officer shall assume office at the completion of the annual meeting at which the election was held and shall hold office until the completion of the annual meeting at which the subsequent officer election is held, or until the officer's prior death, resignation, disqualification, or removal. Officers may be reelected.

SECTION 5.3 REMOVAL AND RESIGNATION

Any officer may be removed, either with or without cause, by the Board of Directors, at any time. Any officer may resign at any time by giving written notice to the Board of Directors or to the President or Secretary of the Council. Any such resignation shall take effect at the date of receipt of such notice or at any later date specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. The above provisions of this Section shall be superseded by any conflicting terms of a contract which has been approved or ratified by the Board of Directors relating to the employment of any officer of the Council.

SECTION 5.4 VACANCIES

Any vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any officer shall be filled by the Board of Directors. In the event of a vacancy in any office other than that of President, such vacancy may be filled temporarily by appointment by the President until such time as the Board shall fill the vacancy. Any vacated officer term shall be filled for the unexpired portion of the term by the Board at its first meeting following the occurrence of the vacancy, or sooner by unanimous written consent. Vacancies occurring in offices of officers appointed at the discretion of the Board may or may not be filled as the Board shall determine.

SECTION 5.5 DUTIES OF PRESIDENT

The President shall, subject to the control of the Board of Directors, supervise and control the affairs of the Council and the activities of the officers. They shall perform all duties incident to their office and such other duties as may be required by law, by the Articles of Incorporation of, or by these Bylaws, or which may be prescribed from time to time by the Board of Directors. The President presides at all meetings of the Board of Directors. Except as otherwise expressly provided by law, by the Articles of Incorporation, by these Bylaws, or by resolution of the Board of Directors, they shall, in the name of the Council, execute such deeds, mortgages, bonds, contracts, checks, or other instruments which may from time to time be authorized by the Board of Directors.

SECTION 5.6 DUTIES OF VICE PRESIDENT

In the absence of the President, or in the event of his or her inability or refusal to act, the Vice President, if any, shall perform all the duties of the President, and when so acting shall have all the powers of, and be subject to all the restrictions on, the President. The Vice President shall have other powers and perform such other duties as may be prescribed by law, by the Articles of Incorporation, or by these Bylaws, or as may be prescribed by the Board of Directors.

SECTION 5.7 DUTIES OF SECRETARY

The Secretary of the Council shall: (i) ensure that accurate minutes of the meetings of the Council are kept, (ii) ensure that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; and (iii) in general perform all duties incident to the office of Secretary and have such other duties and exercise such authority as from time to time may be delegated or assigned by the Board of Directors.

SECTION 5.8 DUTIES OF TREASURER

The Treasurer shall serve as a resource for the Council to ensure that the Council's finances are appropriately managed and that appropriate financial controls are in place, have authority to sign checks issued by the Council and, in general, perform all duties incident to the office of Treasurer and have such other duties and exercise such authority as from time to time may be delegated or assigned to the Treasurer by the Board of Directors.

SECTION 5.9 DUTIES OF THE EXECUTIVE DIRECTOR

The Board of Directors shall appoint an Executive Director who shall serve as the Council's chief executive officer and as an ex officio, non-voting officer of the Council, and be responsible for the overall management and administration of the Council. The Executive Director shall report to the Board of Directors, work in partnership with the President and Council committees, and be responsible for carrying out such projects, tasks, and responsibilities as the Board as a whole shall require. The salary of the Executive Director shall be fixed from time to time by resolution of the Board of Directors.

ARTICLE 6 MEETINGS

SECTION 6.1 PLACE AND TIME OF MEETINGS

Annual, regular, and special meetings of the Board of Directors shall be held at such place and time as the President, in consultation with the Executive Director and the other Directors—or a majority of the Board—shall decide.

SECTION 6.2 ANNUAL MEETING

The annual meeting of the Council shall be held during the first quarter of each fiscal year, as may be specified more particularly in the notice, or call for the meeting, or at such other time as the Board of Directors may direct.

SECTION 6.3 NOTICE

Written notice stating the place, date, and time of any annual, regular, or special meetings of the Board of Directors shall be delivered—either personally, by mail, by fax, or by email—to each Director, not less than seven (7) days before the date of such meeting; notice shall be given by or at the direction of the President, Executive Director, or Secretary. If required by law or these Bylaws, the purpose, or purposes for which the meeting is held shall be stated in the notice. If mailed, the notice of a meeting shall be deemed to be delivered when deposited in the United States mail addressed to the member at his address as it appears on the records of the Council, with postage thereon prepaid.

SECTION 6.4 WAIVER OF NOTICE

Any Director may waive notice of any annual, regular, or special meeting. A signed waiver—or the attendance of a Director at any annual, regular, or special meeting—shall constitute a waiver of notice, except where a Director attends for the specific purpose of objecting to the transaction of business because the meeting was not called or convened in accordance with law or these Bylaws.

SECTION 6.5 CONSENT ACTIONS

To the extent allowed by law, any action required or permitted to be taken at a meeting of the Directors may be taken without a meeting by written consent setting forth the action to be taken, signed by all of the Directors before such action is taken. Written consent may be provided by a director utilizing email or other electronic means that provide a record of the communication.

SECTION 6.6 PARTICIPATION IN MEETINGS THROUGH ELECTRONIC MEANS

Unless otherwise provided by law, the Board may authorize Directors to participate in a meeting of the Board by means of conference telephone or similar communication equipment, provided that all persons participating in the meeting can hear each other. Participation in a meeting through electronic means shall constitute presence in person at the meeting.

SECTION 6.7 OPEN OR CLOSED SESSIONS

The Board has the discretion to conduct its meetings in open or closed session, and to invite individuals or groups to observe or participate in any portion of any meeting.

SECTION 6.8 QUORUM

A majority of the Directors shall be necessary and sufficient at all meetings to constitute a quorum for the transaction of business. Unless otherwise specified by law, the Articles of Organization or these Bylaws, a vote of a majority of Directors in attendance at a meeting at which a quorum is present shall be sufficient to adopt any resolution. Each Director shall be entitled to one vote upon all items of business transacted at a meeting of the Council; voting may not be done by proxy.

SECTION 6.9 MINUTES AND RECORDS

The Board shall ensure that the Council maintains: (i) complete and accurate records of account and accurate written minutes of meetings of the Board and committees in such form and at such location as to allow for ready access by Directors, and (ii) a record at its principal office of the current Directors, including names, addresses and email addresses.

SECTION 6.10 PARLIAMENTARY RULES

Roberts Rules of Order shall serve as the procedural rules for conducting Board meetings unless the Board adopts another set of rules.

ARTICLE 7 COMMITTEES OF THE BOARD

SECTION 7.1 ESTABLISHMENT OF COMMITTEES

The Board may delegate authority to committees, Directors, employees, and others as it deems necessary, in order to carry out the Council's purposes, provided that such delegation is in accordance with law and other provisions of these Bylaws.

The Board may establish committees and taskforces as it deems appropriate to assist the Council in accomplishing its work. The duties and responsibilities of committees and taskforces shall be designated

by resolution of the Board of Directors. Such other committees may consist of persons who are not also members of the Board, however, a director must serve as the chair. These additional committees shall act in an advisory capacity only to the Board and shall be clearly titled as “advisory” committees.

Additionally, the Board will appoint an Accreditation Committee that reviews all application materials, Self-study Report, Site Visit Report, and other pertinent information to make accreditation decisions for a school or program.

ARTICLE 8 FEES, CONTRACTS, LOANS, CHECKS AND DEPOSITS

SECTION 8.1 FEES

The Board may establish all dues and fees for accredited programs and may determine such penalties as it deems appropriate for non-payment.

SECTION 8.2 CONTRACTS

The Board of Directors may authorize any officer or officers, agent, or agents, to enter into any contract or execute or deliver any instrument in the name of and on behalf of the Council, and any such authorization may be general or confined to specific instances. In the absence of any other designation, all such contracts and instruments shall be executed in the name of the Council by the President or Executive Director.

SECTION 8.3 LOANS

No indebtedness shall be contracted on behalf of the Council, and no evidence of any such indebtedness shall be issued in its name, unless authorized by or under the authority of a resolution of the Board of Directors. Such authorization may be general or confined to specific instances.

SECTION 8.4 CHECKS, DRAFTS, ETC.

All checks, drafts, or other orders for the payment of money, notes, or other evidence of indebtedness issued in the name of the Council shall be signed by such officer or officers, agent, or agents, of the Council and in such manner as shall from time to time be determined by or under the authority of a resolution of the Board of Directors.

SECTION 8.5 DEPOSITS

All funds of the Council shall be deposited from time to time to the credit of the Council in such banks, trust companies, or other depositories as the Board of Directors may select.

SECTION 8.6 GIFTS

The Board of Directors may accept on behalf of the Council any contribution, gift, bequest, or devise for the charitable or public purposes of this corporation.

**ARTICLE 9
AMENDMENT OF BYLAWS AND ARTICLES OF INCORPORATION**

SECTION 9.1 AMENDMENT OF BYLAWS

Subject to any provision of law applicable to the amendment of Bylaws of public benefit nonprofit corporations, these Bylaws, or any of them, may be altered, amended, or repealed and new Bylaws adopted by approval of the Board of Directors.

SECTION 9.2 AMENDMENT OF ARTICLES

Any amendment of the Articles of Incorporation may be adopted by approval of the Board of Directors.

**ARTICLE 10
CALIFORNIA AND FEDERAL LAW**

SECTION 10.1 LAW CONTROLS

In the event that any provisions contained in these Bylaws are inconsistent with the laws and regulations of the State of California, or that these Bylaws do not address a specific operational or procedural issue, the laws and regulations of the State of California shall control.

SECTION 10.2 REQUIRED REPORTS AND FILINGS

Required Reports and Filings. The Board shall ensure that all corporate reports and other filings required under the laws and regulations of the State of California and the U.S. Federal Government are accurate and submitted in a timely manner.

Adopted: June 28, 2021

CERTIFICATE

This is to certify that the foregoing is a true and correct copy of the Bylaws of the Council named in the title thereto and that such Bylaws were duly adopted by the Board of Directors of said Council on the date set forth above.

James Ventresca, Secretary

APPENDIX 2: COMMISSION ADMINISTRATION AND COMMUNICATIONS

AAC is governed by its Board of Directors and is administered by its Executive Director. The Executive Director reports to the Commission's Board of Directors (see Appendix 3 for a listing of the officers and members of the Board).

Communications on any matter related to the Commission may be addressed to:

Lisa Cavallaro, Executive Director
Ayurvedic Accreditation Commission
351 Pleasant Street, Suite B, #450
Northampton, MA 01060
lisa@ayurvedicaccreditation.org

APPENDIX 3: AAC BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR

As of the publication date, for up-to-date information on current board members, refer to the AAC website: www.ayurvedicaccreditation.org

BOARD MEMBERS

Jim Ventresca, DOM

Calais, VT

Public Member

Alakananda Ma (Olivia Hudis), MBBS, AD

Boulder, CO

Ayurvedic medicine Educator Member

Suhas Kshirsagar, BAMS, MD(Ayu), AD

Santa Cruz, CA

Ayurvedic medicine Educator Member

Rammohan Rao, PhD, CAP, RYT

La Jolla, CA

Ayurvedic medicine Professional Member

Pratima Kumar Musburger, JD, MPH

Davis, CA

Public Member

Noreen Purcell Dillman, JD, CPA

Fairfield, IA

Public Member

Vaidya Anupama Kizhakkeveetil

Whittier, CA

Ayurvedic medicine Educator Member

Leslie Elliott, MPH, PhD

Blairsdon, CA

Ayurvedic medicine Professional Member

APPENDIX 4: 2022-2023 FEE SCHEDULE

Eligibility Application Review fee:	\$1,500
Pre-accreditation Candidacy annual fee:	\$1,500
Accreditation Self-Study Review fee:	\$5,000
Accreditation Virtual Site Visit Administrative fee:	\$4,000
Annual Sustaining Fee (once granted accreditation status):	\$6,500

Note that all fees are subject to change without prior notification; contact the AAC office for information on current fees.

In addition to the fees above, programs are responsible for covering the travel and lodging costs associated with any requested or required on-site visits. The Commission invoices programs beforehand for the approximate cost of a visit.

Appendix 5: Faculty Qualifications

Ayurvedic Health Counselor

Ayurvedic curriculum – Ayurvedic Health Counselor (AHC) or above. 80% of the program must be taught by faculty who have 2 years of practical experience as an AHC or above. Up to 20% of the program may be taught by a graduate with less than two years working as an AHC or above.

Non-Ayurvedic Curriculum - Ayurvedic qualifications are not required for the non-Ayurvedic curriculum but must provide relevant qualifications e.g., degree, certification, or 2 years of experience in the subject.

Continuing Competency - Proof of Ayurvedic professional continuing education or a current professional certification for all Ayurvedic faculty.

Ayurvedic Practitioner

Ayurvedic curriculum – Ayurvedic Practitioner (AP) or above. 80% of the AP or above. Up to 20% of the program may be taught by a graduate with less than two years working as an AP.

Non-Ayurvedic Curriculum - Ayurvedic qualifications are not required for the non-Ayurvedic curriculum but must provide relevant qualifications e.g., degree, certification, or at least 2 years of experience in the subject.

Continuing Competency - Proof of Ayurvedic professional continuing education or a current professional certification for all Ayurvedic faculty.

Ayurvedic Doctor

Ayurvedic curriculum –Ayurvedic Doctor (AD). 80% of the program must be taught by faculty who have 2 years of clinical experience as an AD. Up to 20% of the program may be taught by a graduate with less than two years working as an Ayurvedic Doctor.

Non-Ayurvedic Curriculum - Ayurvedic qualifications are not required for the non-Ayurvedic curriculum but must provide relevant qualifications e.g., degree, certification, or at least 2 years of experience in the subject.

Continuing Competency - Proof of Ayurvedic professional continuing education or a current professional certification for all Ayurvedic faculty.

Appendix 6: Educational Competencies, Ayurvedic Health Counselor

Section 1. Foundations of Ayurveda

Category 1.1. Knowledge of the definition of Āyurveda, History of Āyurveda, Aṣṭāṅga Āyurveda (Eight branches of Ayurveda), Bṛhat trayī (Three primary texts of Ayurveda), Laghu trayī (Three secondary texts of Ayurveda)

Category 1.2. Knowledge of Sāṃkhya Philosophy including but not limited to:

Prakṛti (Primordial nature),

Puruṣa (Eternal cause)

Mahat (Causative Intelligence)

Ahaṃkāra (Ego Principle)

Manas (Mind)

Pañca tanmātras (Five subtle elements)

Pañca jñānendriyas (Five sensory organs of cognition)

- Pañca karmendriyas (Five organs of action)
- Pañca mahābhūtas (Five gross elements)
- Relationship of jñānendriyas (Five sense organs), karmendriyas (Five organs of action), tanmātras (Five subtle elements) and mahābhūtas (Five gross elements)

Section 2. Concepts of Ayurveda

Category 2.1 Guṇas (Twenty Qualities)

2.1.1 Demonstrated ability in determining which guṇas are predominant in prakṛti (individual constitution) and vikṛti (pathological condition).

2.1.2 Demonstrated ability to determine the role and influence of the 10 pairs (or 20 total) of gurvādi guṇas (opposing qualities) in the prakṛti (individual constitution) and vikṛti (pathological condition) through the data received from the history and examination of the client.

2.1.3 Basic Knowledge of:

- The gurvādi guṇas (10 pairs of opposing qualities) associated with the pañca mahābhūtas (five elements) and the three doṣas
- The guṇas (qualities) causing doṣas to accumulate and become aggravated
- How diet, climate, season, and age impact the guṇas(qualities) and subsequently contribute to the cause of disease
- What constitutes excess, deficiency, and the imbalance of the guṇas (qualities) in doṣa vikṛti (Abnormal doṣa variance)

- The theory of similar and dissimilar and balancing the guṇas (qualities) through proper daily and seasonal routines for a person of each constitutional type

Category 2.2 Prakṛti (Individual constitution) and Vikṛti (Pathological condition)

2.2.1 Demonstrated ability to assess the physical and mental prakṛti (individual constitution) and doṣic imbalance using trividha (three-fold diagnostic method) aṣṭavidha (eight-fold diagnostic method) and daśavidha parīkṣā (tenfold diagnostic method)

Basic knowledge of:

2.2.2 Trividha Parīkṣā (Three-fold Diagnostic Method)

- Darśana (Observation)
- Sparśana (Palpation)
- Praśna (Questioning)

2.2.3 Eight-fold Diagnostic Method (Aṣṭavidha Parīkṣā)

- Nāḍī Parīkṣā (Pulse Assessment)
- Mūtra Parīkṣā (Urine Assessment) – theoretical knowledge only
- Mala Parīkṣā (Stool Assessment) – theoretical knowledge only
- Jihvā Parīkṣā (Tongue Assessment)
- Śabda Parīkṣā (Speech and Voice Assessment)
- Sparśa Parīkṣā (Skin Assessment)
- Dṛk Parīkṣā (Assessment of Eyes)
- Ākṛti Parīkṣā (General Appearance of external features)

2.2.4 Ten-fold Diagnostic Method (Daśavidha Parīkṣā)

- Dūṣyam (Structural and functional abnormalities of the body)
- Deśam (Geographical nature of the place where client lives)
- Balam (Physical strength)
- Kālam (The season and climatic conditions)
- Anala (digestive fire of the client)
- Prakṛti (Constitution)
- Vayas (Age of the client)
- Sattva (Psychological nature of the client)
- Sātmya (General and personal habits of the client)
- Āhāra (Nature of the patient's diet)

2.2.5 Basic Knowledge of Additional items:

- Sāra (Quality of Dhātus)
- Samhanana (Physical Build)
- Pramāṇa (Measurement of Body- Height, Weight, Posture, Circumference of Head)
- Sātmya or client's ability to adapt to Āhāra (Diet), Dravya (Herbs), Vihāra (Lifestyle and Behavior)

- Āhāra Śakti (Ability to Digest)
- Vyāyāma Śakti (Stamina, endurance, and capacity to exercise)

2.2.6 Knowledge of:

- Tridoṣa (three humors) theory including the gurvādi guṇas (10 pairs of opposite qualities)
- Physical and mental attributes in a prakṛti (individual constitution) including but not limited to height, weight, color of eyes, skin, mental abilities, memory, intellect, diet, tastes, digestive fire, quality of skin, temperature, hair, appetite, elimination, stress factors
- Physical and mental attributes that change with time: diet, climate, season, stress, and environment
- Changes in vikṛti (pathological condition) due to changes in agni (digestive fire), guṇas (qualities) resulting in digestive disorders, appetite, and elimination changes
- Guṇas (attributes) that cause the doṣas to accumulate and become aggravated
- Āhāra (diet) and vihāra (lifestyle); how diet, climate, season, and age impact the prakṛti (individual constitution) and subsequently contribute to doṣa vikṛti (aggravation of doṣa) and cause of disease
- What constitutes excess, deficient and the imbalance of doṣas within their own site
- Theory of similar and dissimilar and balancing the doṣa vikṛti (aggravation of doṣa) through a proper daily routine, seasonal routine, and basic rasas (six tastes) for a person of each constitutional type

Category 2.3 Doṣas, Sub-doṣas, Dhātus (Tissues), Srotāṃsi (Pathways)

2.3.1 Demonstrated ability in determining the state of doṣas, sub-doṣas, dhātus, upadhātu (By products of nutrition) and srotāṃsi (pathways).

2.3.2 Demonstrated ability to assess the state of doṣas, and sub-doṣas, dhātus (tissues), upadhātus (By products of nutrition), and srotāṃsi (pathways) involved through darśana (observation), sparśana (palpation) and praśna (asking questions) and is able to interpret the information received.

2.3.3 Darśana (Observation)

- Demonstrated ability to interpret information that has been received upon darśana (observation) to determine the involvement (vitiation) of doṣas, sub-doṣas, dhātus (tissues) and srotāṃsi (pathways).

2.3.4 Sparśana (Palpation)

- Demonstrated ability to interpret information that has been received upon palpation (sparśana) to determine the involvement (vitiation) of doṣas, sub-doṣas, dhātus (tissues) and srotāṃsi (pathways).

2.3.5 Praśna (Interview / Questioning)

- Demonstrated ability to interview/question about the current state of digestion, elimination, sleep, stress level, energy level and emotional level.

2.3.6 Knowledge of:

- Healthy dhātus – tissues (dhātu sārata – Signs of ideal tissues).
- How to properly examine the client utilizing the methods of trividha parīkṣā (three-fold clinical assessment), aṣṭavidha parīkṣā (eight-fold clinical assessment), daśavidha parīkṣā (tenfold clinical assessment)
- Definition, qualities, locations, actions, and functions of the three doṣas and 15 sub-doṣas
- Causes of imbalance, signs of imbalance of the three doṣas and 15 sub-doṣas
- Definition, location, and function of the dhātus (tissues) and how they are formed.
- Definition of upadhātus (By products of nutrition) and dhātu malas (waste products of nutrition)
- Relationship between dhātus (tissues), upadhātus (By products of nutrition) and dhātu malas (waste products of nutrition)
- Definition, types, qualities, and functions of ojas (Essence of Nutrition)
- Relationship of doṣas and dhātus (tissues)
- Definition, origin, and function of the srotāṃsi (pathways)
- Factors causing abnormality of dhātus (Tissues)
- Vṛddhi (aggravation) and kṣaya (depletion) of the doṣas and dhātus (tissues)
- Normal and abnormal functions of srotāṃsi (pathways)

Category 2.4 Agni (Digestive fire) – Āma (Undigested material), Malas (Waste)

2.4.1 Demonstrated ability to assess the state of the malas (waste), agni (digestive fire), and āma (undigested material) through praśna (questioning) and darśana (observation).

2.4.2 Demonstrated ability to:

- Determine the state of agni (digestive fire) by questioning the client for rugṇa patrakam (Client intake form).
- Questioning about appetite, digestion, and elimination
- Ability to recognize the signs and symptoms of āma (undigested material) in the body
- Questioning about digestion
- Observation of tongue, stools, and body odor
- Ability to recognize the signs and symptoms of normal and vitiated mala (waste)
- Questioning about urination, elimination and sweat patterns
- Observation of the urine stools and sweat to include color, volume, odor, clarity

2.4.3 Knowledge of:

- Symptoms and signs of the four states of agni (digestion)
- Definitions of āma (undigested material), agni (digestive fire) and mala (waste)
- How āma (undigested material) is formed
- Types agni (digestive fire) and āma (undigested material)
- Functions of agni (digestive fire)
- Signs and symptoms of the altered states of agni (digestive fire)

- Signs and symptoms of āma (undigested material) in the mūtra (urine), purīṣa (feces), sveda (sweat), on the jihvā (tongue), netra (eyes), nakha (nails), tvak (skin), etc.
- Functions of the malas (waste)
- What constitutes the normal and abnormal quantity and qualities of malas (waste)

Category 2.5 Prāṇa (vital energy) –Tejas (radiance) –Ojas (essence of life)

2.5.1 Demonstrated ability to determine the state of prāṇa, ojas and tejas

2.5.2 Demonstrated ability to assess the following:

- The state of prāṇa (vital energy), tejas (radiance) and ojas (essence of life) through observation and the interview process (consultation) which explores the state of prāṇa (vital energy), tejas (radiance) and ojas (essence of life).

2.5.3 Knowledge of:

- Definition of prāṇa (vital energy), tejas (radiance) and ojas (essence of life)
- Relationship of prāṇa (vital energy), tejas (radiance) and ojas (essence of life) to vāta, pitta and kapha
- Signs of healthy or balanced prāṇa (vital energy), tejas (radiance) and ojas (essence of life)
- Symptoms of high ojas (essence of life)
- Symptoms of low ojas (essence of life)
- Displaced ojas (essence of life)
- Factors causing imbalance in prāṇa (vital energy), tejas (radiance) and ojas (essence of life)

Section 3 : Assessment and Diagnosis

Category 3.1 Personal and Family Health History

3.1.1 Demonstrated ability to effectively take a detailed current and past, personal, and family health history with the following ability/abilities: Asks questions which gather the appropriate information necessary to understand the prakṛti (individual constitution) and vikṛti (pathological condition) of the client and refers a client for disease management care, when necessary.

3.1.2 Knowledge of:

- What the chief complaint is, based on initial consultation and the importance of mitigating factors such as: origin, duration, progress, factors that aggravate and relieve the symptoms.
- Past medical history, including illness, injuries, surgeries, hospitalizations
- Family history affecting vikṛti (pathological condition) of the client
- Social history affecting vikṛti (pathological condition) of the client
- Roles of work relationships and home environment affecting vikṛti (pathological condition) of the client
- Medication and supplements a client are taking

- Any food or drug allergies or intolerances the client has
- Nutritional habits of the client
- Good listening skills, eye contact and develops rapport with client
- How to ask open ended questions with each client
- The importance of obtaining a good health history and demonstrates this ability
- Accurate assessment and plan of action
- Client's satisfaction of Āyurveda methodology
- Improving the understanding of the consultation
- Improvement of client compliance to any suggestions or guidelines given

Category 3.2 Vital Signs

3.2.1 Demonstrated ability to effectively take basic vital signs:

- Taking a client's measurements: (Requires a description of measurements)
- Assessing a client's height and weight
- Taking a client's pulse
- Taking the blood pressure

3.2.2 Knowledge of:

- Pulse
 - Able to interpret pulse rate, rhythm, and volume
 - Taking pulse at appropriate site
 - Normal and abnormal pulses
- Blood Pressure
 - Determining what is blood pressure
 - The systolic and diastolic pressure (normal, abnormal, physiology)
 - Measuring blood pressure
- Respiration
 - Determining respiration
 - Normal and abnormal respiration

Category 3.3 Nidāna (Etiological Factors)

3.3.1 Demonstrated ability to determine the nidāna (etiological factors) responsible for the doṣic imbalance:

- Interprets and understands the case history of the client
- Conveys the factors causing the general *doṣic* imbalance with the client

3.3.2 Knowledge of:

- The three fundamental causes of disease: Asātmyendriyārtha saṃyoga (abnormal interaction of senses and their objects), prajñāparādha (intellectual transgression), pariṇāma (change due to time)
- How the senses might be misused (over-used, under-used or wrongly used) in a manner that causes the doṣas to become aggravated
- How daily and seasonal routines impact the flow of the doṣas
- Qualities that cause the doṣas to go through the six stages of pathogenesis
- How constitution, climate, season, and age impact the movement of the doṣas
- Additional nidānas (causative factors) in the disease process
- How the suppression of natural urges contributes to the disease process

Category 3.4 Saṃprāpti (Pathogenesis)

3.4.1 Demonstrated ability to determine the current stage of saṃprāpti by darśana (observation), sparśana (touch) and praśna (questioning) and evaluate the client and determine the stage of pathology the client is experiencing.

3.4.2 Demonstrated ability to discern the difference between the stages of sañcaya (accumulation), prakopa (aggravation) and prasara (overflow) and relocation, manifestation, and differentiation to have knowledge of the limitations of the scope of practice.

3.4.3 Knowledge of:

- Each stage of saṃprāpti (pathogenesis)
- General signs and symptoms all stages of saṃprāpti (pathogenesis)
- How the stages of pathology are affected/influenced by season, climate, and age

Category 3.5 Counseling Skills

3.5.1 Demonstrated ability to provide counseling with the following:

- Conveys information and ideas correctly (to educate)
- Listens and understands
- Supports a client to make positive changes in his/her life
- Earns the clients 'trust

3.5.2 Knowledge of:

- Communicating effectively
- Demonstrating effective skills for counseling
- Recommending changes in diet and lifestyle as necessary, due to doṣic tendencies and how they relate to challenges
- Supporting each person to make successful changes based on their constitutional type
- Supporting a rājasika (hyperactive /motivated) and tāmasika (dull/ disassociated) client to make changes

Category 3.6 Client Strengths and Assets

3.6.1 Demonstrated ability in assessing and determining client's strengths and willingness to follow recommendations:

- Client's compliance
- Memory of the client
- How the qualities noted above influence the outcome of a case.

Category 3.7 Research

3.7.1 Demonstrated Abilities:

- How to write up a case study including the proper format to summarize the following:
 - Patient information
 - Age
 - Sex
 - Occupation
 - Client's goals
 - Prakṛti (individual constitution) and Vikṛti (pathological condition)
 - Patient's state of agni (digestive fire), āma (undigested material), ojas (essence of life) and mala (waste)
 - Treatment plan
 - Diet
 - Lifestyle
 - Herbs
 - Frequency of appointments
 - Progress of each appointment
 - Adjustments to the plan at each visit
 - Final outcome
 - Comments about what aspects of case management were most successful and what aspects were least successful
 - Comments about what could have been done different that may have produced a more positive outcome

Section 4: Recommendations, Treatment and Other Interventions

Category 4.1 Āhāra: Food/Diet

4.1.1 In-depth knowledge to recommend or prescribe the appropriate food choices and proper āhāraavidhi (eating behaviors) in accordance with the prakṛti (individual constitution), vikṛti (pathological condition), guṇas (qualities), rasa (taste), ṛtu (season), agnibala (digestive strength) and vaya (age) of the client.

4.1.2 Demonstrated ability in the selection and preparation of appropriate foods and spices as per the prakṛti (individual constitution), vikṛti (pathological condition), guṇas (qualities), rasa (taste), ṛtu (season), agnibala (digestive strength) and vaya (age) as well as demonstrate proper āhāraavidhi (eating behaviors) through their own practice.

4.1.3 Demonstrated ability to:

- Recommend appropriate food and dietary guidelines to promote and restore balance based on prakṛti (individual constitution), vikṛti (Pathological condition), agni (digestive fire) and āma (undigested material).
- Recommend fasting when appropriate
- Teach and support the client to implement proper dietary guidelines into their lives
- Prescribe specific foods and spices
- Discuss with the client how to properly prepare the food/meals
- Discuss and teach the proper rituals of eating
- Discuss and teach how to adapt diet to the season and age of a client

4.1.4 Knowledge of:

- The Six Tastes
 - Six tastes, their elemental make up and qualities
 - Rasa (taste), vīrya (potency) and vipāka (post digestive effect) of the tastes
 - The gurvādi guṇas (10 pairs of opposite qualities) of each taste
 - Effects of each taste on doṣas, dhātus (tissues) and malas (waste)
 - Tastes that are bṛmhaṇa (nourishing) and those that are laṅghana (depleting)
 - Effect of the tastes and foods on agni (digestive fire) and āma (undigested material)
 - Elemental make up of foods (mahābhoutika āhāra – five elements in food)
- Dietary Guidelines
 - Suggests proper guidelines for healthy eating
- Specific Foods and Spices
 - Foods in each major category (Grains, meats, dairy, etc.) and their effect on their actions on the three doṣas
 - Spices and their effect upon the doṣas

- Fasting
 - Fasting able to offer types of fasting
 - Liquid, juice, fruit, one meal per day
- Preparation of Food
 - How processing food changes its qualities
 - How to prepare basic foods such as kichari, ghee and buttermilk
- Rituals of Eating
 - Importance of saying grace before meals
- Other
 - Importance and intake of *uṣāpāna* (cooked water) in the mornings

Category 4. 2 Vihāra: Lifestyle

4.2.1 Demonstrated ability to recommend or prescribe appropriate dinacaryā (daily), ṛtucaryā (seasonal) and life cycle routines as per the prakṛti (individual constitution), vikṛti (pathological condition), and guṇas (qualities). The counselor can recommend at-home svasthavṛtta (preventive and promotive) measures and sadvṛtta (positive conduct) measures.

4.2.2 Demonstrated ability to recommend, prescribe and demonstrate the following:

- Recommend daily routines (review techniques with client)
 - Recommend proper oral hygiene (tongue cleaning, teeth brushing and flossing)
 - Taking care of Eyes (eye wash)
 - Self abhyaṅga (oil application)
 - Drinking *uṣāpāna* (cooked water) in the morning
 - Netī (nasal salve)
 - Activities to promote sleep before bed
- Recommend adjustments to the daily routine based on season
- Support the client to make lifestyle changes
 - Adjusting bedtimes and wake up times according to dosha, as well as season
 - Times to take food
 - Instruct the client in modifying lifestyle in accordance with the seasons
- Sadvṛtta (Good moral conduct)
 - Encourage devotional and spiritual practices
 - Encouraging mindfulness throughout the day
 - Encourage to cultivate loving kindness, compassion, joy, and equanimity

4.2.3 Knowledge of:

- Doṣas increasing or decreasing during various times of the day and season
- Age affecting the doṣas and agni (digestive fire)
- Influence of appropriate physical, devotional, spiritual practices on doṣas and guṇas (qualities)
- Twenty guṇas (qualities), doṣas, agni (digestive fire), āma (undigested material), ojas (essence of life)
- Mahāguṇas - sattva, rajas, tamas (Three Primal States)
- Drinking uṣāpāna (cooked water) in the morning
- Lifestyle impacting digestion and elimination
- A regular routine influencing the doṣas
- Practice of abhyaṅga (oil application), the oils to be used for abhyaṅga (oil application), different types of abhyaṅga (oil application)
- Effective use of daily routine
- Effective use of seasonal routine
- Devotional and spiritual practices affecting the mind and body
- Rātrīcaryā (evening routine)
- Ṛtusandhi (transition of the seasons)
- Rasāyana (rejuvenating) foods
- Vājīkaraṇa (aphrodisiac) foods
- Resisting and not resisting urges

Category 4.3 Senses

4.3.1 Demonstrated ability to recommend or prescribe sātmyendriyārthasamyoga (the appropriate use of sight, smell, touch, taste, and hearing). As follows:

- **Aromatic Therapy:** The counselor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of smell and instruct the client to adjust their aromatic environment (the counselor is not required to have specific knowledge of aromas as a form of therapy but only that may be utilized as a form of therapy)
- **Taste Therapy (diet and herbs):** The counselor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of taste and instruct the client to adjust their gustatory environment (for more information see the food section) to support the healing process. This might include correcting a diet that is too salty, too pungent, too sweet, etc. and recommending a doshically appropriate balance of tastes.
- **Touch Therapy (self-massage):** The counselor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of touch and instruct the client to adjust their

tactile environment (the counselor is not required to have specific knowledge of types of touch as a form of therapy but only that may be utilized as a form of therapy)

- Sound therapy: The counselor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of hearing and instruct the client to adjust their auditory environment (the counselor is not required to have specific knowledge of mantras or music as a form of therapy but only that may be utilized as a form of therapy). This might include identifying exposure to loud music or work-related noise as well as recommending methods to mitigate such exposures.
- Visual Therapy: The counselor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of vision and instruct the client to adjust their visual environment (the counselor is not required to have specific knowledge of color or other specific visual stimuli). This might include identifying aspects of the client's work or leisure environment, such as excess screen time, which are stressful to the sense of vision and recommending methods to mitigate these exposures.

4.3.2 Knowledge of:

- The sensory and motor faculties
- Relationship of pañca mahābhūtas (five elements) to each sensory and motor faculty
- Effect of appropriate, excessive and absence of sensory stimuli on each of the five sensory faculties and mind
- Sensory stimuli affecting the doṣas
- Appropriate and inappropriate use of senses
- Different oils used for nasya
- Touch therapy including different forms of abhyaṅga (oil application), and appropriate oils used for abhyaṅga (oil application)
- Different tastes and influence on doṣas
- The mind is and its functions
- Relationship between the five elements and their respective tanmātra (five subtle elements), sense and motor organ

Category 4.4 Psychiatry

4.4.1 Demonstrated ability to recommend, prescribe and implement the following therapies with the goal in mind to pacify the doṣas, balance prāṇa (vital energy), tejas (radiance) and ojas (essence of life) and cultivate sattva (purity and knowledge).

- Visual Therapy: Sāttvika (purity and knowledge). intake of impressions and the proper use of color

- Auditory Therapy: Sāttvika (purity and knowledge) intake of impressions and the proper use of sound
- Aromatic Therapy: Sāttvika (purity and knowledge) intake of impressions and the proper use of aromas
- Gustatory Therapy: Sāttvika (purity and knowledge) intake of impressions and the proper use of foods
- Tactile Therapy: Sāttvika (purity and knowledge) intake of impressions and the proper use of touch
- Effective daily routines
- Changes to a person's behavior

4.4.2 Knowledge of:

- Diagnosing the mental prakṛti (individual constitution) and vikṛti (pathological condition) by quantifying sattva (purity and knowledge), rajas (action and passion), and tamas (ignorance and Inertia)
- The effects of sensory input on the mind
- Effective use and misuse of the five senses
- Overuse, deficient use, and misuse for each sense organ
- Prāṇa (vital energy), tejas (Radiance) and ojas (essence of life) and how to determine their state
- Three guṇas (qualities) and how to determine their state
- What constitutes healthy behavior
- Effect of sensory input on the mind
- Designing a treatment program utilizing diet, lifestyle, adjustments to behavior and how the senses are used
- Various approaches to implementing the treatment program including adjusting the pace of implementation of the program based on a client's prakṛti (individual constitution) and vikṛti (pathological condition)
- Effective case management
 - Knowledge of how to conduct follow up visits to monitor progress and make adjustments to the treatment plan including
 - Checking in on how the client is doing implementing assignment/homework plan and lifestyle changes
 - An ability to support the client to be more successful in implementing the treatment plan
 - An ability to assign additional homework / assignments or lifestyle changes at an appropriate time
 - Utilizing of the counseling process noted in the counseling section of this document
- Knowledge of four aspects of mind- manas, citta, buddhi (intellect), ahaṅkāra (ego)
- Knowledge of definition, qualities, location, and functions of mind

Category 4.5 Doṣas Śamana (Pacification)

4.5.1 Demonstrated ability to recommendation and implement that following therapies with the goal of pacification of the doṣas:

- Herbs and spices: Those that are dīpana - increase agni (digestive fire) and pācana (metabolize āma)
- Diet: See food section (kṣut nigraha – controlling hunger)
- Sensory Therapies: See sensory therapy section.
- Vyāyāma (Exercise)
- Heat therapies - agni and anagni cikitsā (therapies with and without fire)

4.5.2 Knowledge of:

- Seven traditional forms of palliative therapy
 - Dīpana: Herbs/spices that increasing agni
 - Pācana: Herbs/spices that digest āma
 - Kṣudhā nigraha: Control over diet including the use of fasting
 - Tr̥ṣṇā nigraha: Control over water and oil intake
 - Vyāyāma: Use of exercise
 - Ātāpa sevana: Forms of creating heat without directly increasing agni such as sunbathing
 - Māruta sevana: Ways to cool the body to protect pitta dosha such as moon walks
- Āyurveda anatomy and physiology, qualities, elements, doṣas, sub-doṣas, dhātus (tissues), upadhātus (by products of nutrition), malas (waste), srotas (pathways), agni (digestive fire), āma (undigested material), ojas (essence of life)
- Indications and contraindications for palliation therapy
- How to design a palliation program to correct an imbalance in each doṣa
- Effective application of each therapy noted above
- Assessing the client’s state of agni (digestive fire), āma (undigested material) and ojas (essence of life)
- Assess digestion, tongue, stools, and body odor as a means of identifying āma (undigested material) in the body
- Assessing doṣa vikṛti (pathological condition)
- Use of herbs and spices for balancing agni (digestive fire) and eliminating ama (undigested material)
- Effective, safe, and appropriate, application of diet, herbs, sensory therapies, exercise, and heat treatments.

Category 4.6 Bṛmhāṇa (Nourishing)

4.6.1 Demonstrated ability to recommendation and provide the following treatments and interventions:

- Dietary therapies that promote tonification

- Herbal therapies that promote tonification
- Internal and external snehana (oil therapies)
- Daily routines and lifestyle that promotes tonification

4.6.2 Knowledge of:

- Indications and contraindications for tonification therapy
- Designing a tonification program in accordance with the doṣa vikṛti (pathological condition)
- Managing a tonification program and adjust the program in accordance with the client's progress
- Assessing the state of agni (digestive fire), āma (undigested material) and ojas (essence of life)
- How to assess the dhātus (tissues) and the signs of depletion

Category 4.7 Pre-natal, Natal, Post Natal

4.7.1 Demonstrated ability to make recommendations and provide treatments and interventions for Food/Diet and Lifestyle (Categories 4.1 and 4.2) as it relates to the pre-natal, natal, and post-natal woman.

4.7.2 Knowledge of:

- Doṣas increasing or decreasing during various times of the day and season
- Age affecting the doṣas and agni (digestive fire)
- Influence of appropriate physical, devotional, spiritual practices on doṣas and guṇas (qualities)
- Twenty guṇas (qualities), doṣas, agni (digestive fire), āma (undigested material), ojas (essence of life)
- Mahāguṇas - sattva, rajas, tamas (three primal states)
- Drinking uṣnāpāna (cooked water) in the morning
- Lifestyle impacting digestion and elimination
- A regular routine influencing the doṣas
- Practice of abhyaṅga (oil application), the oils to be used for abhyaṅga (oil application), different types of abhyaṅga (oil application)
- Effective use of daily routine
- Effective use of seasonal routine
- Devotional and spiritual practices affecting the mind and body
- Rātrīcaryā (evening routine)
- Ṛtusandhi (transition of the seasons)
- Rasāyana (rejuvenating) foods
- Vājīkaraṇa (aphrodisiac) foods
- Resisting and not resisting urges

Category 4.8 Children's Health

4.8.1 Demonstrated ability to make the following recommendations and provide the following treatments and interventions in children over the age of five:

- The counselor can design, implement, and manage ahāra (diet), vihāra (lifestyle), dravya (herbs/spices) and cikitsā (treatments)
- Teach the parents of a young child the proper diet appropriate for their child's constitution and vikṛti (pathological condition) with due regard to the child's age and stage of life
- Teach the parents of a young child the proper lifestyle appropriate to the child's constitution and vikṛti (pathological condition) with due regard to the child's age and stage of life
- Utilize herbs appropriate to the child's constitution and vikṛti (pathological condition) with due regard to the child's age and stage of life
- Utilize sensory therapies appropriate to the child's constitution and vikṛti (pathological condition) with due regard to the child's stage of life
- The counselor can offer guidelines about caring for children with due regard to the child's age and stage of life utilizing the following intervention tools:
 - Doṣas increasing or decreasing during various times of the day and season
 - Age affecting the doṣas and agni (digestive fire)
 - Influence of appropriate physical, devotional, spiritual practices on doṣas and guṇas (qualities)
 - Twenty guṇas (qualities), doṣas, agni (digestive fire), āma (undigested material), ojas (essence of life)
 - Three qualities (Mahāguṇas - sattva, rajas, tamas)
 - Drinking uṣṇāpāna (cooked water) in the morning
 - Lifestyle impacting digestion and elimination
 - A regular routine influencing the doṣas
 - Practice of abhyaṅga (oil application), the oils to be used for abhyaṅga (oil application), different types of abhyaṅga (oil application)
 - Effective use of daily routine
 - Effective use of seasonal routine
 - Devotional and spiritual practices affecting the mind and body
 - Rātrīcaryā (evening routine)
 - Ṛtusandhi (transition of the seasons)
 - Rasāyana (rejuvenating) foods
 - Resisting and not resisting urges

4.8.2 Knowledge of:

- Relationship of between the doṣas and life cycle
- Kapha balancing diet, lifestyle, and herbal recommendations
- The factors that vitiate kapha doṣa

Category 4.9 Internal Medicine

4.9.1 Demonstrated ability to make the following recommendations and provide the following treatments and interventions:

- Recommend or prescribe a plan to pacify the doṣas that affect the annavaha srotas (digestive system) and prevent prasara (overflow) of the doṣas.
- Design, implement and manage a plan to pacify the doṣas within the annavaha srotas (digestive system)
- Appropriate diet
- Effective eating behaviors
- Effective herbs
- Routines to support healthy elimination
- Monitor client's progress and make the appropriate adjustments to the treatment plan

4.9.2 Knowledge of:

- Supporting digestion and balance the patients agni (digestive fire)
- Prevention and treatment āma (undigested material)
- Supporting healthy elimination
- Six tastes
- 13 types and 4 states of agni (digestive fire).
- Identifying āma (undigested material)
- Healthy and unhealthy food combinations
- First three stages of saṃprāpti (pathogenesis)
- The signs of three doṣas at each stage of saṃprāpti (pathogenesis)
- Foods, lifestyle, and herbs that pacify the doṣas in the digestive system
- Factors that cause imbalance in the doṣas (nidāna)

Category 4.10 ENT / Head and Neck Region

4.10.1 Demonstrated ability to make the following recommendations and provide the following treatments and interventions:

- Prescribe and teach/demonstrate oil massage for head face, neck muscles
- Prescribe and teach/demonstrate oleation for ears, nose, eyes, and mouth
- Prescribe and teach/demonstrate protection of the head/ face from extreme weather
- Prescribe diet, lifestyle, and herbs to support the goal of pacifying the doṣas within the head
- Prescribe nasya (oleation of the nose) when appropriate to pacify the doṣas of the head and neck

4.10.2 Knowledge of:

- Dinacaryā (daily routines) for svasthavṛtta (good health)
- Procedures for oleation

- Precautions to take during procedures
- The benefits of following procedures:
 - The indications and contraindications for each procedure
 - Utilizing diet, lifestyle, and herbs to pacify the doṣas in the head and neck
 - The techniques of śīro abhyaṅga (head massage), netra tarpaṇa (oleation of the eyes), karṇa pūraṇa (oleation of the ears), nasya (oleation of the nose) and kavala (oleation of the gums) and gaṇḍūṣa (oil pulling)
 - Techniques for massaging the face and neck

Category 4.11 Herbs

4.11.1 Demonstrated ability to recommend or prescribe the appropriate herbs to balance agni (digestive fire), eliminate āma (undigested material) and support the malas (waste) while protecting and building ojas (essence of life).

4.11.2 Demonstrated ability to recommend pre-designed herbal formulas or create custom herbal formulations that include the use of herbs, minerals, or other natural substances for internal or external use with consideration of mātra (dose), anupāna (vehicle) and auśadha kāla (timing).

4.11.3 Demonstrated ability to administer, combine, provide, compound, and dispense herbal medicines, minerals, or other natural substances for internal or external use.

4.11.4 Knowledge of:

- Herb classification and their energetics based on rasa (taste), vīrya (potency), vipāka (post-digestive effect), guṇa (quality) and prabhāva (specialized therapeutic effect)
- The karma (actions) of herbs. The counselor is informed of the major actions of an herb. When Western terminology matches the Saṃskṛt terminology, the Western terms should be known. When a unique action is described in Saṃskṛt that has no simple translation into English, then the Saṃskṛt terminology for that action should be known
- The effect an herb has on the agni (digestive fire), āma (undigested material), doṣas, and malas (waste)
- How to prepare cūrṇa (powdered mixtures)
- Appropriate mātra (dosage) based on age, strength, doṣas, agni (digestive fire) and koṣṭha (pattern of elimination)
- The indications for using herbs and contraindications to assure safe use
- Herbs based on storage, processing, purity, and government regulations
- Best times for administration of herbs

Basic Herb List for the Ayurvedic Health Counselor

Saṁskṛta Name	Latin Name	Common Name
Āmalakī	<i>Emblca officinalis</i>	Indian Gooseberry
Dhānyaka	<i>Coriandrum sativum</i>	Coriander
Elā	<i>Elettaria cardamomum</i>	Cardamom
Haridrā	<i>Curcuma longa</i>	Turmeric
Harītakī	<i>Terminalia chebula</i>	Chebolic Myrobalan
Hiṅgu	<i>Ferula assa-foetida</i>	Asafoetida
Jātiphalā	<i>Myristica fragrans</i>	Nutmeg
Jīraka	<i>Cuminum cyminum</i>	Cumin
Laśuna	<i>Allium sativum</i>	Garlic
Lavaṅga	<i>Syzygium aromaticum</i>	Clove
Marica	<i>Piper nigrum</i>	Black Pepper
Methikā	<i>Trigonella foenum-graeceum</i>	Fenugreek
Miśreya	<i>Foeniculum vulgare</i>	Fennel
Pippali	<i>Piper longum</i>	Long Pepper
Rājikā	<i>Brassica juncea</i>	Mustard seeds
Śuṅṭhī	<i>Zingiber officinale</i>	Ginger
Tila	<i>Sesamum indicum</i>	Sesame
Tvak	<i>Cinnamomum cassia</i>	Cinnamon
Vibhītakī	<i>Terminalia belerica</i>	Beleric
Yavānī	<i>Carum copticum</i>	Ajwain or Wild Celery

4.11.5 Knowledge of the most traditional herbal formulations from classical Āyurvedic texts that support agni (digestive fire) and reduce āma (undigested material) as well as rasāyanas (rejuvenators).

- Trikaṭu cūrṇa
- Triphala cūrṇa
- Hiṅvāṣṭaka cūrṇa
- Cyavanprāśa

Category 4.12 Jyotiṣa - Vedic astrology

Familiarity with the following:

- What Jyotiṣa (vedic astrology) is
- What a Jyotiṣi (vedic astrology) does
- The scope of practice of Jyotiṣa (vedic astrology)
- How a Jyotiṣi (vedic astrology) can complement client care
- Therapeutic tools utilized by a Jyotiṣi (vedic astrology)
- How to refer clients to a Jyotiṣi (vedic astrology) for assessment and education on the general scope and value of Jyotiṣa (vedic astrology).

The counselor is familiar with Jyotiṣa (vedic astrology), but its practice requires a separate certification.

Category 4.13 Vāstu Śāstra – Vedic Architecture

Familiarity with the following:

- What Vāstu (vedic architecture) is
- What a Vāstu (vedic architecture) practitioner does
- The scope of practice of Vāstu śāstra (vedic architecture)
- How a Vāstu (vedic architecture) can complement client care
- Therapeutic tools utilized by a practitioner of Vāstu śāstra (vedic architecture)
- How to refer clients to a practitioner of Vāstu (vedic architecture) for assessment and education on the general scope and value of Vāstu (vedic architecture).

The counselor is familiar with Vāstu (vedic architecture), but its practice requires a separate certification.

Category 4.14 Yoga

Familiarity with the following:

- Āyurvedic and Medical Yoga Therapy
- What a practitioner of Āyurvedic and Medical Yoga Therapy does
- The scope of practice of Āyurvedic and Medical Yoga Therapy
- How an Āyurvedic and Medical Yoga Therapy can complement client care

- Therapeutic tools utilized by a practitioner of Āyurvedic Yoga Therapy and Medical Yoga Therapy
- How to refer clients to a practitioner of Yoga or Āyurvedic Yoga Therapy for assessment and education on the general scope and value of Ayurvedic Yoga Therapy/Medical Yoga Therapy.

The counselor is familiar with Āyurvedic Yoga Therapy/Medical Yoga Therapy, but its practice requires a separate certification.

Section 5: Western Medical Approaches

5.1 Knowledge of:

- The scope of practice of a Medical Practitioner, including which type of specialist is appropriate for the client’s condition
- Knowledge of red flag symptoms that require a referral
- How a Western Medical Practitioner can complement the care being provided by the Āyurvedic Health Counselor
- How to make a referral to an appropriate Western Medicine Practitioner at the appropriate time.

Section 6: Medical Ethics

The Ayurvedic professional has the knowledge and skills to adhere to the highest ethical standards consistent with Ayurvedic spiritual principles and societal norms.

Category 6.1 The practitioner has familiarity with the following areas related to medical ethics:

a. HIPAA “Health Insurance Portability and Accountability Act “Guidelines-

- HIPAA Guidelines were created to regulate how patient’s medical records or Personal Health Information (PHI) can be kept safe through privacy and security measures.
- HIPAA rules outline national standards for the privacy and availability of PHI between practitioners, doctors, medical centers, health insurance companies and other health providers.
- HIPAA Guidelines respect the privacy and dignity of the patient according to HIPAA requirements.

b. Malpractice Insurance- Although at this time the Ayurvedic professional is not required to maintain malpractice per state or federal law, all health professionals should be aware that:

- If a health care provider causes injury to a patient through either negligent actions, or a violation of the recognized standard of care in that profession, it is defined as “Medical Malpractice.”

- Malpractice insurance policies help protect healthcare professionals in the event of malpractice claims, and to cover the legal fees associated with claims if they arise.
- It is highly recommended that the Ayurveda Professional carry professional malpractice insurance.

c. Health Freedom/Safe Harbor Legislation - Each Ayurveda professional should be familiar with the laws applicable to his/her practice. Several states have enacted laws which are commonly referred to as “Health Freedom” or “Safe Harbor” Laws. These laws provide a way for unlicensed complementary and alternative practitioners to provide certain services in their state without risk of being prosecuted for the unlicensed practice of medicine.

For more information regarding health freedom laws in general, and links to the laws enacted in each state, visit <https://nationalhealthfreedom.org/>

Each Ayurveda professional is expected to operate legally in the state(s) in which (s)he practices. If the Ayurveda professional is a licensed health care practitioner, (s)he is expected to practice in a manner in compliance with his or her license(s). If the Ayurveda professional is not a licensed health care practitioner, (s)he is nonetheless expected to practice legally in each state in which (s)he practices. If the unlicensed Ayurveda professional is practicing in a health freedom state, the professional should be familiar with and follow the health freedom law of that state. Any Ayurveda professional who has questions or concerns about how to practice legally in his/her state should seek the advice of legal counsel.

d. Charting- The Ayurvedic professional should understand the HIPAA Requirements for medical records:

- A Medical Record, or “chart,” is a collection of patient’s health information gathered by an authorized healthcare provider.
- Medical charts can be in the form of paper or electronic format. HIPAA (Health Insurance Portability and Accountability Act) requires medical records to be kept in a locked, secure location.
- Records must be maintained for a specified period of time according to state regulations.
- Paper records should be stored in organized, locked areas with no access to unauthorized personnel.
- Electronic medical records should be stored in secure, password protected software that allow for proper organization.
- The Ayurveda Professional shall maintain patient privacy and confidentiality, in full compliance with the health care privacy laws of the United States. This duty of privacy and confidentiality extends to patient medical records.
- The Ayurvedic professional who creates, maintains, preserves, stores, abandons, destroys, or disposes of medical records to do so in a manner that preserves the confidentiality of the information contained within those records.

- The Ayurveda Professional is expected to understand and follow the State laws concerning the release of patient health records.

e. Informed Consent- The Ayurvedic professional should provide documentation of informed consent to all clients. This is an ethical and legal obligation and is the process in which a health care providers educate about the risks, benefits, and alternatives of a given procedure or intervention. <https://www.ncbi.nlm.nih.gov/books/NBK430827/> Patients have the right to receive information and to ask questions about recommended treatments to be able to make informed decisions about their care.

Principles of informed consent- The Ayurvedic professional should have familiarity with:

- Disclosure of Information, nature of procedure
- Competency of the patient (or surrogate)
- The risks and benefits of the procedure.
- Reasonable alternative
- Risk and benefits of
- Voluntary nature of the decision and assessment of the patient’s understanding of the above elements.

Category 6.2 Practical Medical Ethics

Basic knowledge of practical medical ethics including case review, group work and additional training in practical case-based discussion which may be facilitated by:

- Faculty and students participate in case-based discussion. This can include live case work shared between faculty and students.
- Group work involving students emphasizing various components of medical ethics.
- Medical ethics should be included throughout the Ayurvedic curriculum especially with client care management.

Category 6.3 End of Life Care

Familiarity with the definition of end-of-life care, and understand available options including hospice care, palliative care, home-based care, long-term care facilities, and hospital-based care. The Ayurvedic professional should understand that advanced care planning is critical to ensure that both caregivers and health care providers can understand their client’s wishes and provide all the options for someone who needs to make a choice regarding end-of-life care.

Category 6.4 Patient Rights

Familiarity with the concept of patient rights as they currently exist. While differences exist from state to state, some are guaranteed by federal law, such as the right to get a copy of your medical records and the right to keep them private. Medical ethics competency should include familiarity about certain states which have their own versions of a bill of rights for patients. Additionally, a patient’s rights and responsibilities under the Affordable Care Act are found on

the HealthCare.gov website: <https://www.healthcare.gov/health-care-law-protections/rights-and-protections/>

Examples of Patient Rights:

- The Right to Appropriate Medical Care and Humane Treatment
- The Right to Informed Consent
- The Right to Privacy and Confidentiality
- The Right to Information
- The Right to choose a Health Care Provider and Facility
- The Right to Self-Determination
- The Right to Religious Belief
- The Right to Medical Records
- The Right to Refuse Treatment
- The Right to make decision about End-of-Life Care

Category 6.5 Professional Boundaries

6.5.1 The Ayurvedic professional is familiar with the NAMA Code of Ethics.

6.5.2 The Ayurvedic professional should know about in the Practitioner-Patient/Client Relationship providing a framework for healthy relationships between healthcare providers and clients. These include physical and emotional limits that protect the client's vulnerability.

Section 7 : Business Skills

Category 7.1 The practitioner has familiarity with the following areas related to business skills:

a. Strategic Planning: The Āyurvedic professional can create an overarching business plan to include a mission statement consistent with Āyurvedic principles. The Āyurvedic professional can apply the principles of the NAMA Code of Ethics in the business and professional environment.

b. Leadership: The Āyurvedic professional will demonstrate leadership competence to support the honorable traditions of Āyurveda.

c. Financial: The Āyurvedic professional has developed the financial skills to run their practice ethically and accurately.

d. Accounting: The Āyurvedic professional has developed the skills to understand the accounting needs of the business and oversee or hire appropriate professionals as necessary to ensure accurate financial reporting.

e. Management Practices: The Āyurvedic professional will be familiar with the art of management, marketing, and advertising as a key component of any organization.

f. Legal: As a foundation of any ethical business, the Āyurvedic professional will know the importance of being compliant with all current legal requirements related to the practice.

END OF EDUCATIONAL COMPETENCIES FOR AYURVEDIC HEALTH COUNSELOR

Definitions of levels of educational competency:

The following terms are used to describe the level of educational knowledge required for each competency category.

Familiarity: introductory knowledge of a subject sufficient to bring awareness to the existence and central essence of that subject and for the student to know when further knowledge is required for the practice of Ayurveda.

Basic Knowledge: has acquired an overview of the broad principles of a subject, including a general awareness of its relevance to and/or potential use in the practice of Ayurveda.

Knowledge: an understanding of all aspects of a subject and its specific applications to the practice of Ayurveda.

In-Depth Knowledge: through study and practicum, has acquired a confident, in-depth knowledge of a subject and its multiple applications as well as its potential limitations in the practice of Ayurveda.

Demonstrated Ability shows the ability to undertake particular tasks and exhibits the application of knowledge specific to the practice of Ayurveda.

Appendix 7: Educational Competencies, Ayurvedic Practitioner

Section 1. Foundations of Ayurveda

Category 1.1. Knowledge of the definition of Āyurveda, History of Āyurveda, Aṣṭāṅga Āyurveda (Eight branches of Ayurveda), Br̥hat trayī (Three primary texts of Ayurveda), Laghu trayī (Three secondary texts of Ayurveda)

Category 1.2. Knowledge of Sāṃkhya Philosophy including but not limited to:

- Prakṛti (Primordial nature),
- Puruṣa (Eternal cause)
- Mahat (Causative Intelligence)
- Ahaṃkāra (Ego Principle)
- Manas (Mind)
- Pañca tanmātras (Five subtle elements)
- Pañca jñānendriyas (Five sensory organs of cognition)
- Pañca karmendriyas (Five organs of action)
- Pañca mahābhūtas (Five gross elements)
- Relationship of jñānendriyas (Five sense organs), karmendriyas (Five organs of action), tanmātras (Five subtle elements) and mahābhūtas (Five gross elements)

Section 2. Concepts of Ayurveda

Category 2.1 Guṇas (Twenty Qualities)

2.1.1 Demonstrated ability in determining which guṇas are predominant in prakṛti (individual constitution) and vikṛti (pathological condition).

2.1.2 Demonstrated ability to determine the role and influence of the 10 pairs (or 20 total) of gurvādi guṇas (opposing qualities) in the prakṛti (individual constitution) and vikṛti (pathological condition) through the data received from the history and examination of the client.

2.1.3 Knowledge of:

- The gurvādi guṇas (10 pairs of opposing qualities) associated with the pañca mahābhūtas (five elements) and the three doṣas
- The guṇas (qualities) causing doṣas to accumulate and become aggravated
- How diet, climate, season, and age impact the guṇas(qualities) and subsequently contribute to the cause of disease

- What constitutes excess, deficiency, and the imbalance of the guṇas (qualities) in doṣa vikṛti (Abnormal doṣa variance)
- The theory of similar and dissimilar and balancing the guṇas (qualities) through proper daily and seasonal routines for a person of each constitutional type

Category 2.2 Prakṛti (Individual constitution) and Vikṛti (Pathological condition)

2.2.1 Demonstrated ability to assess the physical and mental prakṛti (individual constitution) and doṣic imbalance using trividha (three-fold diagnostic method) aṣṭavidha (eight-fold diagnostic method) and daśavidha parīkṣā (tenfold diagnostic method)

Knowledge of:

2.2.2 Trividha Parīkṣā (Three-fold Diagnostic Method)

- Darśana (Observation)
- Sparśana (Palpation)
- Praśna (Questioning)

2.2.3 Eight-fold Diagnostic Method (Aṣṭavidha Parīkṣā)

- Nāḍī Parīkṣā (Pulse Assessment)
- Mūtra Parīkṣā (Urine Assessment) – theoretical knowledge only
- Mala Parīkṣā (Stool Assessment) – theoretical knowledge only
- Jihvā Parīkṣā (Tongue Assessment)
- Śabda Parīkṣā (Speech and Voice Assessment)
- Sparśa Parīkṣā (Skin Assessment)
- Dṛk Parīkṣā (Assessment of Eyes)
- Ākṛti Parīkṣā (General Appearance of external features)

2.2.4 Ten-fold Diagnostic Method (Daśavidha Parīkṣā)

- Dūṣyam (Structural and functional abnormalities of the body)
- Deśam (Geographical nature of the place where client lives)
- Balam (Physical strength)
- Kālam (The season and climatic conditions)
- Anala (digestive fire of the client)
- Prakṛti (Constitution)
- Vayas (Age of the client)
- Sattva (Psychological nature of the client)
- Sātmya (General and personal habits of the client)
- Āhāra (Nature of the patient's diet)

2.2.5 Knowledge of Additional items:

- Sāra (Quality of Dhātus)
- Samhanana (Physical Build)

- Pramāṇa (Measurement of Body- Height, Weight, Posture, Circumference of Head)
- Sātmya or client's ability to adapt to Āhāra (Diet), Dravya (Herbs), Vihāra (Lifestyle and Behavior)
- Āhāra Śakti (Ability to Digest)
- Vyāyāma Śakti (Stamina, endurance, and capacity to exercise)

2.2.6 Knowledge of:

- Tridoṣa (three humors) theory including the gurvādi guṇas (10 pairs of opposite qualities)
- Physical and mental attributes in a prakṛti (individual constitution) including but not limited to height, weight, color of eyes, skin, mental abilities, memory, intellect, diet, tastes, digestive fire, quality of skin, temperature, hair, appetite, elimination, stress factors
- Physical and mental attributes that change with time: diet, climate, season, stress, and environment
- Changes in vikṛti (pathological condition) due to changes in agni (digestive fire), guṇas (qualities) resulting in digestive disorders, appetite, and elimination changes
- Guṇas (attributes) that cause the doṣas to accumulate and become aggravated
- Āhāra (diet) and vihāra (lifestyle); how diet, climate, season, and age impact the prakṛti (individual constitution) and subsequently contribute to doṣa vikṛti (aggravation of doṣa) and cause of disease
- What constitutes excess, deficient and the imbalance of doṣas within their own site
- Theory of similar and dissimilar and balancing the doṣa vikṛti (aggravation of doṣa) through a proper daily routine, seasonal routine, and basic rasas (six tastes) for a person of each constitutional type

Category 2.3 Doṣas, Sub-doṣas, Dhātus (Tissues), Srotāṃsi (Pathways)

2.3.1 Demonstrated ability in determining the state of doṣas, sub-doṣas, dhātus, upadhātu (By products of nutrition) and srotāṃsi (pathways).

2.3.2 Demonstrated ability to assess the state of doṣas, and sub-doṣas, dhātus (tissues), upadhātus (By products of nutrition), and srotāṃsi (pathways) involved through darśana (observation), sparśana (palpation) and praśna (asking questions) and is able to interpret the information received.

2.3.3 Darśana (Observation)

- Demonstrated ability to interpret information that has been received upon darśana (observation) to determine the involvement (vitiation) of doṣas, sub-doṣas, dhātus (tissues) and srotāṃsi (pathways).

2.3.4 Sparśana (Palpation)

- Demonstrated ability to interpret information that has been received upon palpation (sparśana) to determine the involvement (vitiation) of doṣas, sub-doṣas, dhātus (tissues) and srotāṃsi (pathways).

2.3.5 Praśna (Interview / Questioning)

- Demonstrated ability to interview/question about the current state of digestion, elimination, sleep, stress level, energy level and emotional level.

2.3.6 Knowledge of:

- Healthy dhātus – tissues (dhātu sārata – Signs of ideal tissues).
- How to properly examine the client utilizing the methods of trividha parīkṣā (three-fold clinical assessment), aṣṭavidha parīkṣā (eight-fold clinical assessment), daśavidha parīkṣā (tenfold clinical assessment)
- Definition, qualities, locations, actions, and functions of the three doṣas and 15 sub-doṣas
- Causes of imbalance, signs of imbalance of the three doṣas and 15 sub-doṣas
- Definition, location, and function of the dhātus (tissues) and how they are formed.
- Definition of upadhātus (By products of nutrition) and dhātu malas (waste products of nutrition)
- Relationship between dhātus (tissues), upadhātus (By products of nutrition) and dhātu malas (waste products of nutrition)
- Definition, types, qualities, and functions of ojas (Essence of Nutrition)
- Relationship of doṣas and dhātus (tissues)
- Definition, origin, and function of the srotāṃsi (pathways)
- Factors causing abnormality of dhātus (Tissues)
- Vṛddhi (aggravation) and kṣaya (depletion) of the doṣas and dhātus (tissues)
- Normal and abnormal functions of srotāṃsi (pathways)

Category 2.4 Agni (Digestive fire) – Āma (Undigested material), Malas (Waste)

2.4.1 Demonstrated ability to assess the state of the malas (waste), agni (digestive fire), and āma (undigested material) through praśna (questioning) and darśana (observation).

2.4.2 Demonstrated ability to:

- Determine the state of agni (digestive fire) by questioning the client for rugṇa patrakam (Client intake form).
- Questioning about appetite, digestion, and elimination
- Ability to recognize the signs and symptoms of āma (undigested material) in the body
- Questioning about digestion
- Observation of tongue, stools, and body odor
- Ability to recognize the signs and symptoms of normal and vitiated mala (waste)
- Questioning about urination, elimination and sweat patterns
- Observation of the urine stools and sweat to include color, volume, odor, clarity

2.4.3 Knowledge of:

- Symptoms and signs of the four states of agni (digestion)
- Definitions of āma (undigested material), agni (digestive fire) and mala (waste)

- How āma (undigested material) is formed
- Types agni (digestive fire) and āma (undigested material)
- Functions of agni (digestive fire)
- Signs and symptoms of the altered states of agni (digestive fire)
- Signs and symptoms of āma (undigested material) in the mūtra (urine), purīṣa (feces), sveda (sweat), on the jihvā (tongue), netra (eyes), nakha (nails), tvak (skin), etc.
- Functions of the malas (waste)
- What constitutes the normal and abnormal quantity and qualities of malas (waste)

Category 2.5 Prāṇa (vital energy) –Tejas (radiance) –Ojas (essence of life)

2.5.1 Demonstrated ability to determine the state of prāṇa, ojas and tejas

2.5.2 Demonstrated ability to assess the following:

- The state of prāṇa (vital energy), tejas (radiance) and ojas (essence of life) through observation and the interview process (consultation) which explores the state of prāṇa (vital energy), tejas (radiance) and ojas (essence of life).

2.5.3 Knowledge of:

- Definition of prāṇa (vital energy), tejas (radiance) and ojas (essence of life)
- Relationship of prāṇa (vital energy), tejas (radiance) and ojas (essence of life) to vāta, pitta and kapha
- Signs of healthy or balanced prāṇa (vital energy), tejas (radiance) and ojas (essence of life)
- Symptoms of high ojas (essence of life)
- Symptoms of low ojas (essence of life)
- Displaced ojas (essence of life)
- Factors causing imbalance in prāṇa (vital energy), tejas (radiance) and ojas (essence of life)

Section 3 : Assessment and Diagnosis

Category 3.1 Personal and Family Health History

3.1.1 Demonstrated ability to effectively take a detailed current and past, personal, and family health history with the following ability/abilities: Asks questions which gather the appropriate information necessary to understand the prakṛti (individual constitution) and vikṛti (pathological condition) of the client and refers a client for disease management care, when necessary.

3.1.2 Knowledge of:

- What the chief complaint is, based on initial consultation and the importance of mitigating factors such as: origin, duration, progress, factors that aggravate and relieve the symptoms.
- Past medical history, including illness, injuries, surgeries, hospitalizations
- Family history affecting vikṛti (pathological condition) of the client

- Social history affecting vikṛti (pathological condition) of the client
- Roles of work relationships and home environment affecting vikṛti (pathological condition) of the client
- Medication and supplements a client are taking
- Any food or drug allergies or intolerances the client has
- Nutritional habits of the client
- Good listening skills, eye contact and develops rapport with client
- How to ask open ended questions with each client
- The importance of obtaining a good health history and demonstrates this ability
- Accurate assessment and plan of action
- Client's satisfaction of Āyurveda methodology
- Improving the understanding of the consultation
- Improvement of client compliance to any suggestions or guidelines given

Category 3.2 Vital Signs

3.2.1 Demonstrated ability to effectively take basic vital signs:

- Taking a client's measurements: (Requires a description of measurements)
- Assessing a client's height and weight
- Taking a client's pulse
- Taking the blood pressure

3.2.2 Knowledge of:

- Pulse
 - Able to interpret pulse rate, rhythm, and volume
 - Taking pulse at appropriate site
 - Normal and abnormal pulses
- Blood Pressure
 - Determining what is blood pressure
 - The systolic and diastolic pressure (normal, abnormal, physiology)
 - Measuring blood pressure
- Respiration
 - Determining respiration
 - Normal and abnormal respiration

Category 3.3 Nidāna (Etiological Factors)

3.3.1 Demonstrated ability to determine the nidāna (etiological factors) responsible for the doṣic imbalance:

- Interprets and understands the case history of the client
- Conveys the factors causing the general *doṣic* imbalance with the client

3.3.2 Knowledge of:

- The three fundamental causes of disease: Asātmyendriyārtha saṃyoga (abnormal interaction of senses and their objects), prajñāparādha (intellectual transgression), pariṇāma (change due to time)
- How the senses might be misused (over-used, under-used or wrongly used) in a manner that causes the doṣas to become aggravated
- How daily and seasonal routines impact the flow of the doṣas
- Qualities that cause the doṣas to go through the six stages of pathogenesis
- How constitution, climate, season, and age impact the movement of the doṣas
- Additional nidānas (causative factors) in the disease process
- How the suppression of natural urges contributes to the disease process
- Knowledge of the specific etiological factors of each symptom and disease

Category 3.4 Pathology (Vikṛti Vijñāna)

(PLEASE NOTE: The translations of the Sanskrit disease names are broad correlations of conventional diagnoses but not exclusive to those pathologies. Other conditions which present with similar symptoms and pathologies may also be included under some of the Ayurvedic disease names. There are many recent pathologies that may not have specific names in Ayurveda, but can be understood by the pathological changes in the dosas and root cause etiology)

3.4.1 Demonstrated ability to and knowledge of:

- Identify *doṣa vṛddhi* (increase) and *kṣaya* (decrease)
- Identify *dhātu vṛddhi* (increase), *kṣaya* (decrease), and *duṣṭi* (abnormality)
- Identify *mala vṛddhi* (increase) and *kṣaya* (decrease)
- Understand *doṣa gati* (movement of dosas):
 - *Ūrdhvaga* (upwards), *adhoga* (downwards), and *tīryak* (horizontally)
 - From *koṣṭha* (GIT) to *śākha* (extremities) and from *śākha* (extremities) to *koṣṭha* (GIT)
 - In the 6 stages of *samprāpti* (Pathogenesis)
- Understand causes of *doṣas* moving from *koṣṭha* (GIT) to *śākha* (extremities) and from *śākha* (extremities) to *koṣṭha* (GIT)
- Understand relationship between the *doṣas*, *dhātu* (Tissues), and *malas* (waste)
- *Srotāmsi* (pathways):
 - Causes of *srotovaiguṇya* (abnormalities in the qualities of the pathways)

- Causes and signs of *sroto duṣṭi* (pathological conditions associated with the pathways)
- *Avaraṇa* (Aggravated doshas or ama blocking the functions of vata) pathology and its signs
- Various *vyādhis* (disease conditions):
 - Identify *vyādhi lakṣaṇas* (signs of disease)
 - Identify *vyādhi avastha* (stage of pathology): *sāma* (with ama) or *nirāma* (without ama) state of *doṣa*, *dhātu*(tissues), and *malas*(waste)

3.4.2 Knowledge of *vyādhi* (disease) classifications:

- *Nija* (internal), *āgantū* (external), and *mānasika* (psychological)
- *Santarpaṇa* (Diseases due to over nourishment) and *apatarpaṇa* (diseases due to under nourishment) *janya* (generation)
- According to *roga mārga* (disease pathways): *Bāhya* (external), *ābhyantara* (internal), or *Madhya* (intermediate)
- *Sāmānyaja* (General classification) or *nānātmaja* (specific classification – by specific doshas ie. 80 vata conditions, 40 pitta conditions and 20 kapha conditions)
- *Prognosis*: *Sukha sādhyā* (Easily curable), *kaṣṭha sādhyā* (Curable with difficulty), *yāpya* (Manageable but incurable), or *asādhyā* (incurable)

3.4.3 Knowledge of the following diseases:

- According to *srotas*:
 - *Prāṇavaha Srotas* (Respiratory system): *Kāsa* (Cough), *Śvāsa* (Asthma / difficulty in breathing), *Hicca* (hiccups)
 - *Annavaha Srotas* (digestive system): *Ajīrṇa* (Indigestion), *Aruci* (Ageusia/ inability to taste), *Cardi* (vomiting), *Amlapitta* (Peptic ulcers), *Ānāha* (heartburn), *Udara śūla* (colic pain), *Kṛmi* (infection / parasites), *Grahaṇi* (Spru / IBS/ Celiac disease), *Atisāra* (Diarrhea), *Arśhas* (hemorrhoids)
 - *Ambuvaha Srotas* (Pathway for fluids): *Tṛṣṇa* (Morbid thirst), *Śoṭha* (Swelling / edema), *atisara* (diarrhea)
 - *Rasavaha Srotas* (Pathway for plasma): *Jvara* (All types of fevers), *Pāṇḍu* (Anemia)
 - *Raktavaha Srotas* (Pathway for blood): *Raktapitta* (Bleeding disorders), *Dāha* (burning sensation), *Vātarakta* (Rheumatoid arthritis / Gout), *Kāmala* (Jaundice)
 - *Mamsavaha Srotas* (Pathway for Muscle tissue): *Granthi* (Aneurysm), *Galaganda* (Goiter), *Gandamala*(mumps / Scrofula)
 - *Medovaha Srotas* (Pathways of fat): *Staulya* – obesity (*Medo roga* – disease of fatty tissue)

- *Asthivaha Srotas (Pathways of the bony tissue): Asthigata vāta (Abnormal vata localized in the joints), Sandhigata vāta (osteo arthritis), Āma vāta (Rheumatic fever)*
- *Majjavaha Srotas (pathways of the bone marrow): Pakṣāvadha (Paralysis associated with stroke), Ākṣepaka (Spasm / convulsions), Kampavāta (Parkinson's disease), Apasmāra (epilepsy), Gṛdrasi (sciatica)*
- *Śukravaha Srotas (pathways of the reproductive tissue): Klaibya (impotency)*
- *Ārtavavaha and Stanyavaha Srotas (pathway for female reproduction): Yoni vyāpat (disorders of the uterus), Pradara (Leukorrhea), Stanya rogas (disorders of the breasts)*
- *Mutravaha srotas (urinary tract): mutrakrucchra (dysuria and mutragata (Urinary retention/obstruction), Prameha (Urinary disorders including diabetes)*
- *Purishavaha srotas (excretory system): pravahika (dysentery), Malabaddhata (chronic constipation)*
- *Swedavaha srotas (sweat carrying channel): asweda (absence of sweating), atisweda (excessive sweating) and hydradenitis*
- *Manovaha Srotas (Pathways of the mind): Unmāda (psychosis and major depression), Smṛtibhramṣa (memory loss, lack of cognition)*
- According to organ:
 - *Hrid roga (heart disease)*
 - *Tvak (Skin): Visarpa (Erysipelas), Kaṇḍu (Urticaria), Kuṣṭha (Skin Disorders)*
 - *Vṛkka (Kidneys): Aśmari (Kidney calculi)*

*Additional diseases: *Gulma (Abdominal tumors), Arbuda (All types of Cancers)*

Category 3.5 Saṃprāpti (Pathogenesis)

3.5.1 Demonstrated ability to determine the current stage of saṃprāpti by darśana (observation), sparśana (touch) and praśna (questioning) and evaluate the client and determine the stage of pathology the client is experiencing.

3.5.2 Demonstrated ability to discern the difference between the stages of sañcaya (accumulation), prakopa (aggravation) and prasara (overflow) and relocation, manifestation, and differentiation to have knowledge of the limitations of the scope of practice.

3.5.3 Knowledge of:

- Each stage of saṃprāpti (pathogenesis)
- General signs and symptoms all stages of saṃprāpti (pathogenesis)
- How the stages of pathology are affected/influenced by season, climate, and age

Category 3.6 Counseling Skills

3.6.1 Demonstrated ability to provide counseling with the following:

- Conveys information and ideas correctly (to educate)
- Listens and understands
- Supports a client to make positive changes in his/her life
- Earns the clients 'trust

3.6.2 Knowledge of:

- Communicating effectively
- Demonstrating effective skills for counseling
- Recommending changes in diet and lifestyle as necessary, due to doṣic tendencies and how they relate to challenges
- Supporting each person to make successful changes based on their constitutional type
- Supporting a rājasika (hyperactive /motivated) and tāmasika (dull/ disassociated) client to make changes

Category 3.7 Client Strengths and Assets

3.7.1 Demonstrated ability in assessing and determining client's strengths and willingness to follow recommendations:

- Client's compliance
- Memory of the client
- How the qualities noted above influence the outcome of a case.

Category 3.8 Research

3.8.1 Demonstrated ability to:

- Write an article using proper methods of citation
- Develop a presentation
- Give a clear and articulate presentation

3.8.2 Knowledge of:

- How to organize a presentation
- How to properly cite references from books, journals, and websites
- Proper English grammar and spelling
- Knowledge of presentation software and how to use it.

Section 4: Recommendations, Treatment and Other Interventions

Category 4.1 Āhāra: Food/Diet

4.1.1 In-depth knowledge to recommend or prescribe the appropriate food choices and proper āhāraavidhi (eating behaviors) in accordance with the prakṛti (individual constitution), vikṛti (pathological condition), guṇas (qualities), rasa (taste), ṛtu (season), agnibala (digestive strength) and vaya (age) of the client.

4.1.2 Demonstrated ability in the selection and preparation of appropriate foods and spices as per the prakṛti (individual constitution), vikṛti (pathological condition), guṇas (qualities), rasa (taste), ṛtu (season), agnibala (digestive strength) and vaya (age) as well as demonstrate proper āhāraavidhi (eating behaviors) through their own practice.

4.1.3 Knowledge of:

- The Six Tastes
 - Six tastes, their elemental make up and qualities
 - Rasa (taste), vīrya (potency) and vipāka (post digestive effect) of the tastes
 - The gurvādi guṇas (10 pairs of opposite qualities) of each taste
 - Effects of each taste on doṣas, dhātus (tissues) and malas (waste)
 - Tastes that are bṛmhaṇa (nourishing) and those that are laṅghana (depleting)
 - Effect of the tastes and foods on agni (digestive fire) and āma (undigested material)
 - Elemental make up of foods (mahābhoutika āhāra – five elements in food)
- Dietary Guidelines
 - Suggests proper guidelines for healthy eating
- Specific Foods and Spices
 - Foods in each major category (Grains, meats, dairy, etc.) and their effect on their actions on the three doṣas
 - Spices and their effect upon the doṣas
- Fasting
 - Fasting able to offer types of fasting
 - Liquid, juice, fruit, one meal per day
- Preparation of Food
 - How processing food changes its qualities
 - How to prepare basic foods such as kichari, ghee and buttermilk
- Rituals of Eating
 - Importance of saying grace before meals
- Other
 - Importance and intake of uṣāpāna (cooked water) in the mornings

Category 4. 2 Vihāra: Lifestyle

4.2.1 Demonstrated ability to recommend or prescribe appropriate dinacaryā (daily), ṛtucaryā (seasonal) and life cycle routines as per the prakṛti (individual constitution), vikṛti (pathological condition), and guṇas (qualities). The practitioner can recommend at-home svasthavṛtta (preventive and promotive) measures and sadvṛtta (positive conduct) measures.

4.2.2 Demonstrated ability to recommend, prescribe and demonstrate the following:

- Recommend daily routines (review techniques with client)
 - Recommend proper oral hygiene (tongue cleaning, teeth brushing and flossing)
 - Taking care of Eyes (eye wash)
 - Self abhyaṅga (oil application)
 - Drinking uṣāpāna (cooked water) in the morning
 - Netī (nasal saline)
 - Activities to promote sleep before bed
- Recommend adjustments to the daily routine based on season
- Support the client to make lifestyle changes
 - Adjusting bedtimes and wake up times according to dosha, as well as season
 - Times to take food
 - Instruct the client in modifying lifestyle in accordance with the seasons
- Sadvṛtta (Good moral conduct)
 - Encourage devotional and spiritual practices
 - Encouraging mindfulness throughout the day
 - Encourage to cultivate loving kindness, compassion, joy, and equanimity
- Modify the daily, seasonal and lifecycle routines of the patient in accordance with their underlying disease

4.2.3 Knowledge of:

- Doṣas increasing or decreasing during various times of the day and season
- Age affecting the doṣas and agni (digestive fire)
- Influence of appropriate physical, devotional, spiritual practices on doṣas and guṇas (qualities)
- Twenty guṇas (qualities), doṣas, agni (digestive fire), āma (undigested material), ojas (essence of life)

- Mahāguṇas - sattva, rajas, tamas (Three Primal States)
- Drinking uṣāpāna (cooked water) in the morning
- Lifestyle impacting digestion and elimination
- A regular routine influencing the doṣas
- Practice of abhyaṅga (oil application), the oils to be used for abhyaṅga (oil application), different types of abhyaṅga (oil application)
- Effective use of daily routine
- Effective use of seasonal routine
- Devotional and spiritual practices affecting the mind and body
- Rātrīcaryā (evening routine)
- Ṛtusandhi (transition of the seasons)
- Rasāyana (rejuvenating) foods
- Vājīkaraṇa (aphrodisiac) foods
- Resisting and not resisting urges
- How specific diseases alter general lifestyle recommendations

Category 4.3 Senses

4.3.1 Demonstrated ability to recommend or prescribe sātmyendriyārthasaṃyoga (the appropriate use of sight, smell, touch, taste, and hearing). As follows:

- **Aromatic Therapy:** The practitioner can identify excessive utilization, deficient utilization, and mis-utilization of the sense of smell and instruct the client to adjust their aromatic environment (the practitioner is not required to have specific knowledge of aromas as a form of therapy but only that may be utilized as a form of therapy)
- **Taste Therapy (diet and herbs):** The practitioner can identify excessive utilization, deficient utilization, and mis-utilization of the sense of taste and instruct the client to adjust their gustatory environment (for more information see the food section) to support the healing process. This might include correcting a diet that is too salty, too pungent, too sweet, etc. and recommending a doshically appropriate balance of tastes.
- **Touch Therapy (self-massage):** The practitioner can identify excessive utilization, deficient utilization, and mis-utilization of the sense of touch and instruct the client to adjust their tactile environment (the practitioner is not required to have specific knowledge of types of touch as a form of therapy but only that may be utilized as a form of therapy)
- **Sound therapy:** The practitioner can identify excessive utilization, deficient utilization, and mis-utilization of the sense of hearing and instruct the client to adjust their auditory environment (the practitioner is not required to have specific knowledge of mantras or music as a form of therapy but only that may be utilized as a form of therapy). This

might include identifying exposure to loud music or work-related noise as well as recommending methods to mitigate such exposures.

- Visual Therapy: The practitioner can identify excessive utilization, deficient utilization, and mis-utilization of the sense of vision and instruct the client to adjust their visual environment (the practitioner is not required to have specific knowledge of color or other specific visual stimuli). This might include identifying aspects of the client’s work or leisure environment, such as excess screen time, which are stressful to the sense of vision and recommending methods to mitigate these exposures.

4.3.2 Knowledge of:

- The sensory and motor faculties
- Relationship of pañca mahābhūtas (five elements) to each sensory and motor faculty
- Effect of appropriate, excessive and absence of sensory stimuli on each of the five sensory faculties and mind
- Sensory stimuli affecting the doṣas
- Appropriate and inappropriate use of senses
- Different oils used for nasya
- Touch therapy including different forms of abhyaṅga (oil application), and appropriate oils used for abhyaṅga (oil application)
- Different tastes and influence on doṣas
- The mind is and its functions
- Relationship between the five elements and their respective tanmātra (five subtle elements), sense and motor organ

Category 4.4 Psychiatry (Bhūtavidyā/Manovijñāna)

4.4.1 Demonstrated ability to competently recommend diet (*āhāra*), lifestyle (*vihāra*), positive conduct (*acāra*), herbs (*dravya*) and treatments (*cikitsā*) to treat mild pathologies of the mind.

4.4.2 Demonstrated ability to design, implement and manage a plan to pacify the *doṣas* within the mind and provide treatments to treat mild pathologies of the mind.

- Minor depression (Major depression should be referred to an AD)
- Anxiety (anxiety disorder should be referred to an AD)
- Anidra—sleep disorder of recent onset (chronic sleep disorder should be referred to an AD)
- Grief and loss

4.4.3 Demonstrated ability to make the following recommendations and implement the following therapies with the goal of pacification of the *doṣas*.

- Visual Therapy: Sāttvika (purity. positive) intake of impressions and the proper use of color
- Auditory Therapy: Sāttvika(purity. positive) intake of impressions and the proper use of sound
- Aromatic Therapy: Sāttvika (purity. positive) intake of impressions and the proper use of aromas
- Gustatory Therapy: Sāttvika (purity. positive) intake of impressions and the proper use of foods
- Tactile Therapy: Sāttvika (purity. positive) intake of impressions and the proper use of touch
- Effective daily routines
- Changes to a person's behavior
- Herbal remedies for the balancing the doṣas of the mind, restoring a healthy balance of prāṇa (vital energy), tejas (radiance) and ojas (essence of life) and are an important part of treating specific disease conditions
- Dietary remedies that not only balance the doṣas of the mind and restore a healthy balance of *prāṇa (vital force)*, *tejas (radiance)* and *ojas (essence of life)* but also are an important part of treating specific disease conditions
- Lifestyle remedies that not only balance the doṣas of the mind and restore a healthy balance of *prāṇa (vital force)*, *tejas (radiance)* and *ojas (essence of life)* but also are an important part of treating specific disease conditions
- Conduct correction that not only balance the doṣas of the mind and restore a healthy balance of *prāṇa (vital force)*, *tejas (radiance)* and *ojas (essence of life)* but also treating specific disease conditions
- Additional sensory therapies that not only balance the doṣas of the mind and restore a healthy balance of *prana (vital force) –tejas (radiance) and ojas (essence of life)* but also are an important part of treating specific disease conditions including visual (color), olfactory (aromas, *netī (nasal salve)*, *nasya – medicated nasal drops*), auditory (*mantra* and music) and touch (massage / oil therapies).

4.4.4 Knowledge of:

- Diagnosing the mental prakṛti (individual constitution) and vikṛti (pathological condition) by quantifying sattva, rajas, and tamas
- The effects of sensory input on the mind
- Effective use and misuse of the five senses
- Overuse, deficient use, and misuse for each sense organ
- Prāṇa (vital force), tejas (radiance) and ojas (essence of life) and how to determine their state
- Three guṇas (qualities – sattva, rajas and tamas) and how to determine their state
- What constitutes healthy behavior
- Effect of sensory input on the mind

- Designing a treatment program utilizing diet, lifestyle, adjustments to behavior and how the senses are used
- Various approaches to implementing the treatment program including adjusting the pace of implementation of the program based on a client's prakṛti (individual constitution) and vikṛti (pathological condition)
- Effective case management
 - Knowledge of how to conduct follow up visits to monitor progress and make adjustments to the treatment plan including
 - Checking in on how the client is doing implementing assignment/homework plan and lifestyle changes
 - An ability to support the client to be more successful in implementing the treatment plan
 - An ability to assign additional homework / assignments or lifestyle changes at an appropriate time
 - Utilizing of the counseling process noted in the counseling section of this document
- Four aspects of mind- *manas, citta, buddhi (intellect), ahaṁkāra (ego)*
- Definition, qualities, location, and functions of mind
- Definitions and symptomatology of major diseases of the mind including anxiety and depressive disorders as well as degenerative conditions such as dementia.
- Understanding how complementary Vedic science can support the ability to bring balance to the *doṣa*, subtle *doṣas* and the three *guṇas* (qualities – *sattva, rajas* and *tamas*) including *Yoga, Jyotiṣa (vedic astrology)* and *Vāstu (vedic architecture)*.

Category 4.5 Doṣas Śamana (Pacification)

4.5.1 Demonstrated ability to recommendation and implement that following therapies with the goal of pacification of the doṣas:

- Herbs and spices: Those that are dīpana - increase agni (digestive fire) and pācana (metabolize āma)
- Diet: See food section (kṣut nigraha – controlling hunger)
- Sensory Therapies: See sensory therapy section.
- Vyāyāma (Exercise)
- Heat therapies - agni and anagni cikitsā (therapies with and without fire)

4.5.2 Demonstrated ability to design, implement and manage a plan for pacifying the *doṣas* and eliminating *āma (undigested material)*.

4.5.3 Knowledge of:

- Seven traditional forms of palliative therapy

- Dīpana: Herbs/spices that increasing agni
- Pācana: Herbs/spices that digest āma
- Kṣudhā nigrāha: Control over diet including the use of fasting
- Tr̥ṣṇā nigrāha: Control over water and oil intake
- Vyāyāma: Use of exercise
- Ātāpa sevana: Forms of creating heat without directly increasing agni such as sunbathing
- Māruta sevana: Ways to cool the body to protect pitta dosha such as moon walks
- Āyurveda anatomy and physiology, qualities, elements, doṣas, sub-doṣas, dhātus (tissues), upadhātus (by products of nutrition), malas (waste), srotas (pathways), agni (digestive fire), āma (undigested material), ojas (essence of life)
- Indications and contraindications for palliation therapy
- How to design a palliation program to correct an imbalance in each doṣa
- Effective application of each therapy noted above
- Assessing the client’s state of agni (digestive fire), āma (undigested material) and ojas (essence of life)
- Assess digestion, tongue, stools, and body odor as a means of identifying āma (undigested material) in the body
- Assessing doṣa vikṛti (pathological condition)
- Use of herbs and spices for balancing agni (digestive fire) and eliminating ama (undigested material)
- Effective, safe, and appropriate, application of diet, herbs, sensory therapies, exercise, and heat treatments.

Category 4.6 Elimination of Aggravated Doṣas (Lañghana: Pañcakarma)

4.6.1 Demonstrated ability to recommend *pañcakarma* (Elimination of Aggravated of Doṣas) programs as well as individual treatments (*śodhana chikitsa – elimination therapies*), including: classical *pañcakarma* (Elimination of Aggravated of Doṣas), and treatments for individual conditions, including the use of specialized traditional body treatments.

4.6.2 Demonstrated ability in designing, implementing, and managing *pañcakarma* (Elimination of Aggravated of Doṣas) programs as well as individual treatments (*śodhana cikitsā – elimination therapies*), including: classical *pañcakarma* (Elimination of Aggravated of Doṣas) and treatments for individual conditions, including use of specialized traditional body treatments. Includes *pūrva karma* (*preoperational procedures*) *pradhāna karma* (*main procedure*), (diet, lifestyle & herbs)

4.6.3 Demonstrated ability and knowledge to make the following recommendations and provide appropriate case management:

Pūrva Karma (*preoperational procedures*)

- The practitioner should be able to properly design a *pūrva karma (preoperational procedures)* program and should be able to monitor the patient to be look for signs of over and under oleation (oil therapy).
- The practitioner should be able to manage the administration of the following therapies
 - *Pūrva karma diet (preoperational procedures)*
 - Abhyanga (oil application)
 - Udvartana – Dry powder massage (as needed)
 - Swedana – Sweating therapies
 - Shirodhara – Pouring oil on the forehead
 - Katibasti – oil well in lumbar region (As needed)
 - Hridbasti – oil well in heart region (As needed)
 - Udarabasti – oil well on abdomen (As needed)
 - Netrabasti – oil well on eyes (As needed)

Pradhāna Karma

- The practitioner should be able to properly design a *pradhāna karma(main procedure)* program and should be able to manage the patient as he/she goes through the program.
 - Vamana – Medicated Emesis (not done routinely in US)
 - Virechana – Medicated Purgation
 - Basti – Medicated enemas
 - Nasya – Medicated nasal drops
 - Rakta Moksha – Blood letting (not done routinely in US)

Paścāt Karma – Rehabilitative measures

- The practitioner should be able to properly design a *paścāt karma (rehabilitative measures)* program and should be able to manage the patient as he/she goes through the program. This includes restoration of strong digestive fire to nourish, strengthen, and balance the newly detoxified tissues by recommending Rasayan (rejuvenative) herbs according to Prakriti (individual constitution).

4.6.4 Knowledge of:

- *Ama pācana (digestion of undigested material)*
- The process of *pūrva karma (preparatory procedures)*
- The process of *pradhāna karma (main procedure)*
- *Pūrva karma (preparatory procedures)* practice including indications and contraindications
- *Pradhāna karma (main procedure)* practice including indications and contraindications.
- Signs of successful and unsuccessful administration of each practice
- How to adjust the program if the administration of a therapy is not successful.

- Oils and medicines to be used in each practice.
- How to design a complete *pañcakarma* (Elimination of Aggravated of *Doṣas*) program including *pūrvā* (preparatory), *pradhāna* (main) and *paścāt* (rehabilitative) *karma* (procedures).
- How to modify the complete *pañcakarma* (Elimination of Aggravated of *Doṣas*) program for patients with a *vāta*, *pitta* and *kapha vikṛti* (pathological conditions).
- How to modify the complete *pañcakarma* (Elimination of Aggravated of *Doṣas*) program for patients with various diseases.
- How to modify a *pañcakarma* (Elimination of Aggravated of *Doṣas*) program with consideration of the patient's response to the therapies including but not limited to: Changes in appetite, elimination pattern, and overall strength

Category 4.7 Bṛmhāṇa (Tonification)

4.7.1 Demonstrated ability to design, implement and manage a program of tonification for sustaining the health of the body and mind. Demonstrated ability to recommend and provide the following treatments and interventions:

- Dietary therapies that promote tonification
- Herbal therapies that promote tonification
- Internal and external snehana (oil therapies)
- Daily routines and lifestyle that promotes tonification

4.7.2 Knowledge of:

- Indications and contraindications for tonification therapy
- Designing a tonification program in accordance with the *doṣa vikṛti* (pathological condition)
- Managing a tonification program and adjust the program in accordance with the client's progress
- Assessing the state of *agni* (digestive fire), *āma* (undigested material) and *ojas* (essence of life)
- How to assess the *dhātus* (tissues) and the signs of depletion

Category 4.8 Rejuvenation (Rasāyana)

4.8.1 Demonstrated ability to recommend a post *pañcakarma* (Elimination of Aggravated of *Doṣas*) rejuvenation program (*paścāt karma*)

4.8.2 Demonstrated ability to design, implement and manage a post *pañcakarma* rejuvenation (*paścāt karma*) for the purposes of rejuvenating the body and mind.

4.8.3 Knowledge of:

- The principles and process of *samsarjana karma* (*rehabilitating diet*); including how restore healthy *agni* (digestive fire) while reintroducing foods into the diet.
- The use of herbs and herbal formulas in the rejuvenation process.
- The appropriate timing for the administration of rejuvenative herbs following *pradhāna karma* (Elimination of Aggravated of *Doṣas*).
- How to properly monitor a patient during the period of *paścāt karma* (*rehabilitative procedures*) and how to adjust a patient's program in accordance with their response to care.

Category 4.9 Pre-natal, Natal, Post Natal

4.9.1 Demonstrated ability to design, implement and manage diet (*ahāra*), lifestyle (*vihāra*), herbs (*dravya*) and treatments (*cikitsā*) to support pre-natal, and post-natal health and minor conditions and the care of well newborns.

4.9.2 Demonstrated ability and knowledge of the following recommendations and provide the following treatments and interventions:

- See Sections on Food/Diet and lifestyle. The practitioner is able to safely and supportively apply these practices to the pre-natal and post-natal woman
- Support couples experiencing infertility to restore normal procreative abilities
- Utilize herbs to support and treat pre-natal, and post-natal women
- Treat pre-natal, natal, and post-natal woman who are experiencing discomfort or minor conditions
- Provide supportive care for newborn infants
- Prenatal conditions :
 - Nausea or vomiting during first trimester (but not hyperemesis)
 - Reflux or indigestion due to pregnancy
 - Mild depression or anxiety during pregnancy
- Postnatal conditions:
 - Baby blues (but not full-scale postpartum depression)
 - Tender or cracked nipples
 - Stretch marks
 - Low milk production

4.9.3 Knowledge of:

- Doṣas increasing or decreasing during various times of the day and season
- Age affecting the doṣas and agni (digestive fire)
- Influence of appropriate physical, devotional, spiritual practices on doṣas and guṇas (qualities)
- Twenty guṇas (qualities), doṣas, agni (digestive fire), āma (undigested material), ojas (essence of life)

- Mahāguṇas - sattva, rajas, tamas (three primal states)
- Drinking uṣṇāpāna (cooked water) in the morning
- Lifestyle impacting digestion and elimination
- A regular routine influencing the doṣas
- Practice of abhyaṅga (oil application), the oils to be used for abhyaṅga (oil application), different types of abhyaṅga (oil application)
- Effective use of daily routine
- Effective use of seasonal routine
- Devotional and spiritual practices affecting the mind and body
- Rātrīcaryā (evening routine)
- Ṛtusandhi (transition of the seasons)
- Rasāyana (rejuvenating) foods
- Vājīkaraṇa (aphrodisiac) foods
- Resisting and not resisting urges

Category 4.10 Children's Health (Kaumārabhṛtya)

4.10.1 Demonstrated ability to offer appropriate recommendations for children of all ages suffering from common, minor conditions such as:

- Upper respiratory tract infections
- Gas, bloating and indigestion
- Constipation
- Colic
- Minor skin rashes

4.10.2 Demonstrated ability and knowledge of how to design, implement and manage a plan to treat the imbalances in all the srotas (pathways).

4.10.3 Demonstrated ability and knowledge of how to provide the following treatments and interventions:

- Herbal formulas
- Āyurvedic therapies
- Modifications in the diet
- Lifestyle changes
- Monitor patients' progress and make the appropriate adjustments to the treatment plan

4.10.4 Knowledge of:

- Signs of imbalanced doṣas at kapha stage of life
- Current samprāpti (pathogenesis)
- Cardinal signs of diseases
- Herbs, creating herbal formulas, their synergistic effects
- Herbal preparations (oils, ghees etc)
- Appropriate dosage, time of taking herbs,

- Anupānas (adjuvants) in children

Category 4.11 ENT / Head and Neck Region (ŚālākyaTantra)

4.11.1 Demonstrated ability to recommend preventative care and treatment for common conditions of the head and neck.

4.11.2 Demonstrated ability and knowledge to offer therapies to treat minor imbalances of all the organs around and above the neck region such as:

- Pinasa--Nasal catarrh
- Sinusitis
- Shirorog--Headache (Vata, pitta and kapha type shirorog or tension headache,migraine and sinus headache)
- Pinkeye
- Excess ear wax

4.11.3 Demonstrated ability and knowledge to make the following recommendations and provide the following treatments and interventions:

- Prescribe herbal formulas, or herb preparations for diseases of all the organs around and above the neck region

4.11.4 Knowledge of:

- Anatomy of all the structures at and above neck
- Imbalanced doṣas, sub-doṣas, dhātus (tissues), upadhātus (by products of nutrition), at these regions:
 - Samprāpti (pathogenesis) of their diseases
 - Nidān pañcaka (five stages of pathogenesis) of their diseases
 - Herbs, creating herbal formulas for these diseases
 - Herbal preparations (oils, ghees etc)
 - Appropriate dosage, time of taking herbs
 - Anupānas (adjuvants)
 - Designing and performing special Āyurvedic therapy
 - Indications and contraindications of such procedures

Category 4.12 Herbs and Minerals

4.12.1 Demonstrated ability and knowledge to safely recommend predesigned herbal medicines, minerals, and other natural substances for internal or external use with consideration of the dose (*mātra*), vehicle (*anupāna*) and timing (*auśadha kāla*) for the purpose

of balancing *agni* (digestive fire), eliminating *āma* (undigested material) while supporting the *malas* (waste) and protecting and building *ojas* (essence of life), and treating disease.

4.12.2 Demonstrated ability and knowledge to administer, combine, provide, compound, and dispense herbal medicines, minerals, or other natural substances. Herbs may be used for internal or external use for the purpose of balancing *agni* (digestive fire) and eliminating *āma* (undigested material) while supporting the *malas* (waste) and protecting and building *ojas* (essence of life), as well as for treating specific diseases affecting any *dhātu* (tissues), *upadhātu* (by products of nutrition), *malas* (waste) or *srotas* (pathways) in any stage of the disease pathology.

4.12.3 Demonstrated ability and knowledge to make the following recommendations and provide the following treatments and interventions:

- Appropriate herbs to balance *agni* (digestive fire), eliminate *āma* (undigested material) and support the *malas* (waste) while protecting and building *ojas* (essence of life).
- Pre-designed herbal formulas or create custom herbal formulations that include the use of herbs, minerals, or other natural substances for internal or external use with consideration of dose (*mātra*), vehicle (*anupāna*) and timing (*auśadha kāla*).
- Prescribe herbal and related medicines for the purpose of treating disease.

4.12.4 Knowledge of:

- Herb classification and their energetics based on taste (*rasa*), potency (*vīrya*), post-digestive effect (*vipāka*), quality (*guṇa*) and unique action (*prabhāva*)
- The actions of herbs (*karma*). The counselor is informed of the major actions of an herb. When Western terminology matches the Saṃskṛta terminology, the Western terms should be known. When a unique action is described in Saṃskṛta that has no simple translation into English, then the Saṃskṛta terminology for that action should be known
- The effect an herb has on the *agni* (digestive fire), *āma* (undigested material), *doṣas*, and *malas* (waste)
- How to prepare powdered mixtures (*cūrṇa*)
- Appropriate dosage (*mātra*) based on age, strength, *doṣas*, *agni* (digestive fire) and pattern of elimination (*koṣṭha*)
- The indications for using herbs and contraindications to assure safe use
- Herbs based on storage, processing, purity, and government regulations
- The use of appropriate herb and herbal related medicines for the management of specific disease conditions.
- The effect an herb has on *dhātu* (tissues) and *srota* (pathways)
- Different *anupānas* (adjuvants) to target different *doṣas* and *dhātus* (tissues).
- Basic FDA regulations that affect daily practice
 - (Example Section 201 (g)(1)(B) of the Federal Food, Drug, and Cosmetic Act (the Act) [21 U.S.C. § 321(g)(1)(B) states that herbs cannot make claims of support].
 - Knowledge of those herbs restricted by the FDA.

4.12.5 Knowledge of the following herbs:

<i>Saṁskṛta</i> Name	Latin Name	Common Name
<i>Āmalakī</i>	Emblica officinalis	Indian Gooseberry
<i>Anantamūla</i>	Hemidesmus indicus	Sariva, Upalsari
<i>Arjuna</i>	Terminalia arjuna	
<i>Aśoka</i>	Saraca indica	
<i>Aśvagandha</i>	Withania somnifera	
<i>Balā</i>	Sida cordifolia	
<i>Bakuchi</i>	Cullen corylifolium	
<i>Bhṛṅgarāja</i>	Eclipta alba	
<i>Bhūmyāmalakī</i>	Phyllanthus amarus	Bhui -avala
<i>Bilva</i>	Aegle marmelos	Bael Fruit
<i>Brahmī</i>	Bacopa monnieri, Centella asiatica (active debate on this)	
<i>Citraka</i>	Plumbago zeylanica	
<i>Dāruharidrā*</i>	Berberis aristata	Daruhald
<i>Devadāru*</i>	Cedrus deodara	Deodar
<i>Dhānyaka</i>	Coriandrum sativum	Coriander

<i>Elā</i>	Elettaria cardamomum	Cardamom
<i>Eraṇḍa</i>	Ricinus communis	Castor oil
<i>Gokṣura</i>	Tribulus terrestris	Gokharu
<i>Gudūcī</i>	Tinospora cordifolia	Gulvel, Amrita
<i>Guggulu</i>	Commiphora mukul	Guggul
<i>Haridrā</i>	Curcuma longa	Turmeric
<i>Harītakī</i>	Terminalia chebula	Chebolic Myrobalan
<i>Hiṅgu</i>	Ferula assa-foetida	Asafoetida
<i>Jaṭāmāmsī*</i>	Nardostachys jatamansi	Indian spikenard
<i>Jātīphalā</i>	Myristica fragrans	Nutmeg
<i>Jīraka</i>	Cuminum cyminum	Cumin
<i>Jyotiṣmatī*</i>	Celastrus paniculatus	
<i>Kalamegha*</i>	Andrographis paniculata	King of Bitters
<i>Kapikacchu</i>	Mucuna pruriens	
<i>Kaṭukī*</i>	Picrorhiza kurroa	Kutki
<i>Kirātatikta*</i>	Swertia chirata	Kade chirait
<i>Kumārī</i>	Aloe barbadensis	Aloe
<i>Kuṭaja</i>	Holarrhena antidysenterica	Kuda
<i>Laśuna</i>	Allium sativum	Garlic
<i>Lavaṅga</i>	Syzygium aromaticum	Clove

<i>Lodhra*</i>	Symplocos racemosa	
<i>Maṇḍūkapaṇī</i>	Centella asiatica	Gotu kola
<i>Mañjiṣṭhā</i>	Rubia cordifolia	
<i>Marica</i>	Piper nigrum	Black Pepper
<i>Meṣaśṛṅgī</i>	Gymnema sylvestre	Gurmar, Shardunika
<i>Methikā</i>	Trigonella foenum-graeceum	Fenugreek
<i>Miśreya</i>	Foeniculum vulgare	Fennel
<i>Mustā</i>	Cyperus rotundus	Nagarmotha
<i>Nilgiri</i>	Eucalyptus globulus Labill	Eucalyptus
<i>Nimba</i>	Azadirachta indica	Neem
<i>Padmaka</i>	Nelumbo nucifera	Lotus
<i>Pippali</i>	Piper longum	Long Pepper
<i>Punarnavā</i>	Boerhaavia diffusa	
<i>Rājikā</i>	Brassica juncea	Mustard seeds
<i>Rakta Candana</i>	Pterocarpus santalinus	Red sandalwood
<i>Raktapuṣpi</i>	Hibiscus rosa	Hibiscus
<i>Rāsnā</i>	Alpina officinarum	Galangal
<i>Saindhava Lavaṇa</i>		Mineral Salt
<i>Śallakī</i>	Boswellia serrata	
<i>ŚaṅkhaPuṣpī</i>	Evolvulus alsinoides	

<i>Sat Isabgol</i>	Plantago psyllium	Psyllium Husks
<i>Śatāvārī</i>	Asparagus racemosus	Asparagus root
<i>Śilājītu</i>	Asphaltum	Mineral Pitch
<i>Śuṅṭhī</i>	Zingiber officinale	Ginger
<i>Svarṇapatrī</i>	Senna alexandrina	Senna
<i>Tagara</i>	Valeriana wallichii	Valerian
<i>Tarunī</i>	Rosa centifolia	Red rose petals
<i>Tavakṣīrī</i>	Maranta arundinacea	Arrowroot
<i>Tīla</i>	Sesamum indicum	Sesame
<i>Tulasī</i>	Ocimum sanctum	Holy Basil
<i>Tvak</i>	Cinnamomum cassia	Cinnamon
<i>Uśīra</i>	Vetiveria zizanioides	Vetiver
<i>Vacā</i>	Acorus calamus	Sweet Flag
<i>Vasaka</i>	Adhatoda vasica	Malabar Nut
<i>Vibhītakī</i>	Terminalia belerica	Beleric
<i>Viḍaṅga</i>	Embelia ribes	
<i>Vidārī Kanda</i>	Ipomoea digitata	Indian ginseng
<i>Yaṣṭi Madhu</i>	Glycyrrhiza glabra	Licorice root
<i>Yavānī</i>	Carum copticum	Ajwain or Wild Celery

*Herbs are difficult to obtain due to being protected species or endangered.

4.12.6 Knowledge of various preparations of herbs and how they are made including: infusions, decoctions (kaṣāya), fresh juice (svarasa), jam (avalehya/lehyam), medicated ghee (ghṛta), powders (cūrṇa), medicated oils (taila), pills (vaṭi), moist bolus (kalka), and fermented preparations (āsava/ariṣṭa), including the following specific compound formulations:

Powders (Cūrṇa)	Tablets (Vaṭi)	Decoctions (Kashaya)	Oil (Taila)	Ghee (Ghṛta)	Fermented Preparations (Āsava/Ariṣṭa)	Jams (Lehyam)
Avipattikara Bh.Ra.53/25-29	Candraprabhā Vaṭi Sha.Sa. Madh. 7/40-49	Dashamulam Bh.Ra. 15/	Aṇu Taila A.H.Su. 20/37-39	Triphala Ghṛta Bh.Pra. Madh 70/52-53	Abhaya Ariṣṭa Bh.Ra. 9/175-180	Cyavanprāśa Sha.Sa. Madh. 8/10-21
Hingvāṣṭaka A.H.Chi.14/35	Citrakādi Vaṭi Sha.Sa. Madh. 6/108-111	Amrutotharam/Nagaradi Kashaya S.Y.Kashaya yoga	Bhṛṅgarāja/ Mahābhṛṅgarāja Taila Bh. Ra. 64/271-272	Indukantham S.Y.Ghrita yoga	Aśoka Ariṣṭa Bh.Ra. 69/114-116	Gudardraka /Ardraka Rasayana S.Y. Guda prayoga
Sitopalādi Sha.Sa.Madh. 6/134-137	Gokṣurādi Guggulu Sha.Sa.Madh. 7/84-87	Dasamoolaka tuthrayadi S.Y. Kashaya Yoga	Brāhmī Taila A.F.I	Mahatiktaka Ghṛta S.Y. Ghrita yoga	Aśvagandha Ariṣṭa Bh.Ra. 21/15-21	Agastya Rasayanam C.S.Chi. 17/57-62
Tālīsādi	Kaiṣora Guggulu	Guluchyadi A.H. Su.15/16	Mahāmaricyādi Taila	Sukumaram Ghrita	Daśamūla Ariṣṭa	Narasimhar

Sha.Sa.M adh. 6/130- 134	Sha.Sa. Madh. 7/70-81		Bh.Ra. 54/303- 311	S.Y. Ghrita yga	Sha.Sa. Madh. 10/78-92	asaya na ras A.H. Utt.39 /170- 172
Trikaṭu Sha.Sa.M adh. 6/12-13	Punarnavādi Guggulu Bh.Pra. Madh. 29/165-169	Varanadi A.H. Su.15/21-22	Mahānārāyana Taila Bh.Ra. 26/343- 354	Kalyanakam Ghrita A.H.Utt. 6/26- 28	Drakṣa Āsava Bh.Ra. 9/17- 173	Ashwagand hadi Lehya S.Y.Avaleh a yoga
Triphala Sha.Sa.M adh. 6/9- 11	Yogarāja Guggulu Sha.Sa. Madh. 7/56-70	Gandharvaha sthadi S.Y .Kasa/30	Dhanwantaram Taila S.Y. Taila/1	Brahmi Ghritam Bh.Pra. Madh 23/18	Jirakarishhta S.Y.Arishta yoga	
Panchakol a Sha.Sa.M adh. 6/13-14	Dhanwanthara m Gulika S.Y.Gudika yoga		Kshirabala Taila A.H. Chi. 22/45- 46		Amrutharisht am S.Y.Arishta yoga	
Sudarshan a Churna Bh. Ra. 5/445			Bala Taila A.H. Chi.21		Punarnavasav a S.Y.Asava yoga	
			Chandanadi Taila S.Y. Taila yoga		Draksharishta m S.Y.Arishta yoga	
			Pinda Taila A.H. Chi. 22/22			

			Balawagandha di Taila S.Y.Taila yoga			
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Note: Those marked with "*" are either not easily available in USA or cannot be used as it is an herb or mineral compound containing "heavy metal". It is important to have knowledge of these products, but students would not be tested regarding the same.

Category 4.13 Jyotiṣa - Vedic Astrology

4.13.1 Familiarity with subject to refer patients to a Vedic or Medical Jyotiṣi (vedic astrology) for assessment and education on the general scope and value of Vedic or Medical Jyotiṣi (vedic astrology) at the appropriate time.

4.13.2 Familiarity with the following:

- What Vedic or Medical Jyotiṣi (vedic astrology) is
- What a Vedic or Medical Jyotiṣi (vedic astrology) does
- The scope of practice of Vedic or Medical Jyotiṣi (vedic astrology)
- How a Vedic or Medical Jyotiṣi (vedic astrology) can complement client care
- Therapeutic tools utilized by a Vedic or Medical Jyotiṣi (vedic astrology)

The practitioner has basic knowledge of Vedic or Medical Jyotiṣi (vedic astrology), but its practice requires a separate certification.

Category 4.14 Vāstu Śāstra – Vedic Architecture

4.14.1 Familiarity with subject to refer patients to a practitioner of Vāstu (vedic architecture) for assessment and education on the general scope and value of Vāstu (vedic architecture) at the appropriate time.

4.14.2 Familiarity with the following:

- What Vāstu (vedic architecture) is
- What a Vāstu (vedic architecture) practitioner does
- The scope of practice of Vāstu śāstra (vedic architecture)
- How a Vāstu (vedic architecture) can complement client care
- Therapeutic tools utilized by a practitioner of Vāstu śāstra (vedic architecture)

The practitioner has basic knowledge of Vāstu (vedic architecture), but its practice requires a separate certification.

Category 4.15 Yoga

Familiarity with the following:

- Āyurvedic and Medical Yoga Therapy
- What a practitioner of Āyurvedic and Medical Yoga Therapy does
- The scope of practice of Āyurvedic and Medical Yoga Therapy
- How an Āyurvedic and Medical Yoga Therapy can complement client care
- Therapeutic tools utilized by a practitioner of Āyurvedic Yoga Therapy and Medical Yoga Therapy
- How to refer clients to a practitioner of Yoga or Āyurvedic Yoga Therapy for assessment and education on the general scope and value of Ayurvedic Yoga Therapy/Medical Yoga Therapy.

The practitioner is familiar with Āyurvedic Yoga Therapy/Medical Yoga Therapy, but its practice requires a separate certification.

Section 5: Categories of Cikitsā (Treatment or Therapies)

Category 5.1 Practitioner should have a level of knowledge of the different categories of *cikitsā* (treatment), as listed below:

Ekavidha: *Nidāna* parivarjana (removing the cause)

Dvividha: Basic Knowledge

1. Santarpaṇa and Apararpaṇa (Strengthening and depleting)
2. Śódhana (cleansing of aggravated dosas) and Śamana (pacification of aggravated dosas)
3. Śīta (Cold) and Uṣṇa (hot)
4. Urjaskara (Strengthening the body/ rejuvenating) and Rogaghna (treatment of disease)
5. Roga praśamana (counteracting the disease) and Apunarbhava (prevention of reoccurrence)
6. Doṣa pratyānīka (therapies focused on the aggravated dosa)
7. Vyādhi pratyānīka (therapies focused on the disease)
8. Ubhaya pratyānīka (therapies focused on both aggravated dosa and disease)

Trividha : Basic Knowledge

9. Sattvavajaya (therapeutic measures aimed at strengthening the mind / psychotherapy)
10. Yukti Vyapashray (therapeutic measures based on rational thinking – three dosas, five elements and or three qualities of the mind etc.)
11. Daiva Vyapashraya (therapeutic measures appeasing conditions associated with the subtle body / faith therapy)

Caturvidha: Basic Knowledge

12. Śódhana (cleansing the aggravated dosas – panchakarma)
13. Śamana (pacification of aggravated dosas)

14. *Āhāra* (dietary regimen)

15. *Ācāra* (lifestyle regimen)

Pañcavidha: Knowledge

16. *Vamana* (emesis therapy)

17. *Virecana* (purgation therapy)

18. *Basti* (enema therapy)

19. *Nasya* (medicated nasal drop therapy)

20. *Raktamokṣaṇa* (bloodletting therapy)

Saḍvidha: Basic Knowledge

21. *Bṛmhāna* (Nourishing therapy)

22. *Lañghana* (Reduction therapy)

23. *Snehana* (oleation therapy)

24. *Rūkṣaṇa* (Drying therapy)

25. *Stambhana* (Binding / blocking therapy)

26. *Svedana* (Sweating therapy)

Saptavidha: Basic Knowledge

27. *Dīpana* (Increasing digestive fire)

28. *Pācana* (Increasing digestion)

29. *Kṣudhā Nigraha* (Pacification of hunger)

30. *Trṣā Nigraha* (Pacification of thirst)

31. *Vyāyāma* (Exercise)

32. *Ātapa sevana* (Sunbathing)

33. *Māruta sevana* (Exposure to wind)

Section 6: Western Medical Approaches

Category 6.1 Knowledge of:

- The scope of practice of a Medical Practitioner, including which type of specialist is appropriate for the client's condition
- Knowledge of red flag symptoms that require a referral
- How a Western Medical Practitioner can complement the care being provided by the Āyurvedic Health Practitioner
- How to make a referral to an appropriate Western Medicine Practitioner at the appropriate time.

Section 7: Medical Ethics

The Ayurvedic professional has the knowledge and skills to adhere to the highest ethical standards consistent with Ayurvedic spiritual principles and societal norms.

Category 7.1 The practitioner has familiarity with the following areas related to medical ethics:

a. HIPAA “Health Insurance Portability and Accountability Act “Guidelines-

- HIPAA Guidelines were created to regulate how patient’s medical records or Personal Health Information (PHI) can be kept safe through privacy and security measures.
- HIPAA rules outline national standards for the privacy and availability of PHI between practitioners, doctors, medical centers, health insurance companies and other health providers.
- HIPAA Guidelines respect the privacy and dignity of the patient according to HIPAA requirements.

b. Malpractice Insurance- Although at this time the Ayurvedic professional is not required to maintain malpractice per state or federal law, all health professionals should be aware that:

- If a health care provider causes injury to a patient through either negligent actions, or a violation of the recognized standard of care in that profession, it is defined as “Medical Malpractice.”
- Malpractice insurance policies help protect healthcare professionals in the event of malpractice claims, and to cover the legal fees associated with claims if they arise.
- It is highly recommended that the Ayurveda Professional carry professional malpractice insurance.

c. Health Freedom/Safe Harbor Legislation - Each Ayurveda professional should be familiar with the laws applicable to his/her practice. Several states have enacted laws which are commonly referred to as “Health Freedom” or “Safe Harbor” Laws. These laws provide a way for unlicensed complementary and alternative practitioners to provide certain services in their state without risk of being prosecuted for the unlicensed practice of medicine.

For more information regarding health freedom laws in general, and links to the laws enacted in each state, visit <https://nationalhealthfreedom.org/>

Each Ayurveda professional is expected to operate legally in the state(s) in which (s)he practices. If the Ayurveda professional is a licensed health care practitioner, (s)he is expected to practice in a manner in compliance with his or her license(s). If the Ayurveda professional is not a licensed health care practitioner, (s)he is nonetheless expected to practice legally in each state in which (s)he practices. If the unlicensed Ayurveda professional is practicing in a health freedom state, the professional should be familiar with and follow the health freedom law of that state. Any Ayurveda professional who has questions or concerns about how to practice legally in his/her state should seek the advice of legal counsel.

d. Charting- The Ayurvedic professional should understand the HIPAA Requirements for medical records:

- A Medical Record, or “chart,” is a collection of patient’s health information gathered by an authorized healthcare provider.

- Medical charts can be in the form of paper or electronic format. HIPAA (Health Insurance Portability and Accountability Act) requires medical records to be kept in a locked, secure location.
- Records must be maintained for a specified period of time according to state regulations.
- Paper records should be stored in organized, locked areas with no access to unauthorized personnel.
- Electronic medical records should be stored in secure, password protected software that allow for proper organization.
- The Ayurveda Professional shall maintain patient privacy and confidentiality, in full compliance with the health care privacy laws of the United States. This duty of privacy and confidentiality extends to patient medical records.
- The Ayurvedic professional who creates, maintains, preserves, stores, abandons, destroys, or disposes of medical records to do so in a manner that preserves the confidentiality of the information contained within those records.
- The Ayurveda Professional is expected to understand and follow the State laws concerning the release of patient health records.

e. Informed Consent- The Ayurvedic professional should provide documentation of informed consent to all clients. This is an ethical and legal obligation and is the process in which a health care providers educate about the risks, benefits, and alternatives of a given procedure or intervention. <https://www.ncbi.nlm.nih.gov/books/NBK430827/> Patients have the right to receive information and to ask questions about recommended treatments to be able to make informed decisions about their care.

Principles of informed consent- The Ayurvedic professional should have familiarity with:

- Disclosure of Information, nature of procedure
- Competency of the patient (or surrogate)
- The risks and benefits of the procedure.
- Reasonable alternative
- Risk and benefits of
- Voluntary nature of the decision and assessment of the patient's understanding of the above elements.

Category 7.2 Practical Medical Ethics

Basic knowledge of practical medical ethics including case review, group work and additional training in practical case-based discussion which may be facilitated by:

- Faculty and students participate in case-based discussion. This can include live case work shared between faculty and students.
- Group work involving students emphasizing various components of medical ethics.
- Medical ethics should be included throughout the Ayurvedic curriculum especially with client care management.

Category 7.3 End of Life Care

Familiarity with the definition of end-of-life care, and understand available options including hospice care, palliative care, home-based care, long-term care facilities, and hospital-based care. The Ayurvedic professional should understand that advanced care planning is critical to ensure that both caregivers and health care providers can understand their client's wishes and provide all the options for someone who needs to make a choice regarding end-of-life care.

Category 7.4 Patient Rights

Familiarity with the concept of patient rights as they currently exist. While differences exist from state to state, some are guaranteed by federal law, such as the right to get a copy of your medical records and the right to keep them private. Medical ethics competency should include familiarity about certain states which have their own versions of a bill of rights for patients. Additionally, a patient's rights and responsibilities under the Affordable Care Act are found on the HealthCare.gov website: <https://www.healthcare.gov/health-care-law-protections/rights-and-protections/>

Examples of Patient Rights:

- The Right to Appropriate Medical Care and Humane Treatment
- The Right to Informed Consent
- The Right to Privacy and Confidentiality
- The Right to Information
- The Right to choose a Health Care Provider and Facility
- The Right to Self-Determination
- The Right to Religious Belief
- The Right to Medical Records
- The Right to Refuse Treatment
- The Right to make decision about End-of-Life Care

Category 7.5 Professional Boundaries

7.5.1 The Ayurvedic professional is familiar with the NAMA Code of Ethics.

7.5.2 The Ayurvedic professional should know about in the Practitioner-Patient/Client Relationship providing a framework for healthy relationships between healthcare providers and clients. These include physical and emotional limits that protect the client's vulnerability.

Section 8 : Business Skills

Category 8.1 The practitioner has familiarity with the following areas related to business skills:

a. Strategic Planning: The Āyurvedic professional can create an overarching business plan to include a mission statement consistent with Āyurvedic principles. The Āyurvedic professional

can apply the principles of the NAMA Code of Ethics in the business and professional environment.

b. Leadership: The Āyurvedic professional will demonstrate leadership competence to support the honorable traditions of Āyurveda.

c. Financial: The Āyurvedic professional has developed the financial skills to run their practice ethically and accurately.

d. Accounting: The Āyurvedic professional has developed the skills to understand the accounting needs of the business and oversee or hire appropriate professionals as necessary to ensure accurate financial reporting.

e. Management Practices: The Āyurvedic professional will be familiar with the art of management, marketing, and advertising as a key component of any organization.

f. Legal: As a foundation of any ethical business, the Āyurvedic professional will know the importance of being compliant with all current legal requirements related to the practice.

END OF EDUCATIONAL COMPETENCIES FOR AYURVEDIC PRACTITIONER

Definitions of levels of educational competency:

The following terms are used to describe the level of educational knowledge required for each competency category.

Familiarity: introductory knowledge of a subject sufficient to bring awareness to the existence and central essence of that subject and for the student to know when further knowledge is required for the practice of Ayurveda.

Basic Knowledge: has acquired an overview of the broad principles of a subject, including a general awareness of its relevance to and/or potential use in the practice of Ayurveda.

Knowledge: an understanding of all aspects of a subject and its specific applications to the practice of Ayurveda.

In-Depth Knowledge: through study and practicum, has acquired a confident, in-depth knowledge of a subject and its multiple applications as well as its potential limitations in the practice of Ayurveda.

Demonstrated Ability shows the ability to undertake particular tasks and exhibits the application of knowledge specific to the practice of Ayurveda.

Appendix 8: Educational Competencies, Ayurvedic Doctor

Section 1. Foundations of Ayurveda

Category 1.1. In-Depth Knowledge of the definition of Āyurveda, History of Āyurveda, Aṣṭāṅga Āyurveda (Eight branches of Ayurveda), Bṛhat trayī (Three primary texts of Ayurveda), Laghu trayī (Three secondary texts of Ayurveda) including:

- Origin myths of Āyurveda according to Suśurutha, Caraka, Kasyapa and the Puranas
- Origins of Āyurveda in the pre-Vedic era
- History of herbalism and healing in the Vedic period
- Vedas in brief and Āyurveda being Upaveda of Atharvaveda
- Ashtanga Āyurveda in brief
- Śad-Darshana in brief
- History and background of Brihad Trayi
- Important commentators: Jejjat, Chakrapannidutta, Dalhana, Gangadhar, Yogendranath Sen
- History of Laghu Trayi
- History of the Nighantu
- Current context of Āyurveda in India and America

Category 1.2. In-Depth Knowledge of Sāṃkhya Philosophy including but not limited to:

- Prakṛti (Primordial nature),
- Puruṣa (Eternal cause)
- Mahat (Causative Intelligence)
- Ahaṃkāra (Ego Principle)
- Manas (Mind)
- Pañca tanmātras (Five subtle elements)
- Pañca jñānendriyas (Five sensory organs of cognition)
- Pañca karmendriyas (Five organs of action)
- Pañca mahābhūtas (Five gross elements)
- Relationship of jñānendriyas (Five sense organs), karmendriyas (Five organs of action), tanmātras (Five subtle elements) and mahābhūtas (Five gross elements)

Section 2. Concepts of Ayurveda

Category 2.1 Guṇas (Twenty Qualities)

2.1.1 Demonstrated ability in determining which guṇas are predominant in prakṛti (individual constitution) and vikṛti (pathological condition).

2.1.2 Demonstrated ability to determine the role and influence of the 10 pairs (or 20 total) of gurvādi guṇas (opposing qualities) in the prakṛti (individual constitution) and vikṛti (pathological condition) through the data received from the history and examination of the client.

2.1.3 In-Depth Knowledge of:

- The gurvādi guṇas (10 pairs of opposing qualities) associated with the pañca mahābhūtas (five elements) and the three doṣas
- The guṇas (qualities) causing doṣas to accumulate and become aggravated
- How diet, climate, season, and age impact the guṇas(qualities) and subsequently contribute to the cause of disease
- What constitutes excess, deficiency, and the imbalance of the guṇas (qualities) in doṣa vikṛti (Abnormal doṣa variance)
- The theory of similar and dissimilar and balancing the guṇas (qualities) through proper daily and seasonal routines for a person of each constitutional type

Category 2.2 Prakṛti (Individual constitution) and Vikṛti (Pathological condition)

2.2.1 Demonstrated ability to assess the physical and mental prakṛti (individual constitution) and doṣic imbalance using trividha (three-fold diagnostic method) aṣṭavidha (eight-fold diagnostic method) and daśavidha parīkṣā (tenfold diagnostic method)

In-Depth Knowledge of:

2.2.2 Trividha Parīkṣā (Three-fold Diagnostic Method)

- Darśana (Observation)
- Sparśana (Palpation)
- Praśna (Questioning)

2.2.3 Eight-fold Diagnostic Method (Aṣṭavidha Parīkṣā)

- Nāḍī Parīkṣā (Pulse Assessment)
- Mūtra Parīkṣā (Urine Assessment)
- Mala Parīkṣā (Stool Assessment)
- Jihvā Parīkṣā (Tongue Assessment)
- Śabda Parīkṣā (Speech and Voice Assessment)
- Sparśa Parīkṣā (Skin Assessment)
- Dṛk Parīkṣā (Assessment of Eyes)
- Ākṛti Parīkṣā (General Appearance of external features)

2.2.4 Ten-fold Diagnostic Method (Daśavidha Parīkṣā)

- Dūṣyam (Structural and functional abnormalities of the body)
- Deśam (Geographical nature of the place where client lives)
- Balam (Physical strength)

- Kālam (The season and climatic conditions)
- Anala (digestive fire of the client)
- Prakṛti (Constitution)
- Vayas (Age of the client)
- Sattva (Psychological nature of the client)
- Sātmya (General and personal habits of the client)
- Āhāra (Nature of the patient's diet and sensory intake)

2.2.5 In-Depth Knowledge of Additional items:

- Sāra (Quality of Dhātus)
- Samhanana (Physical Build)
- Pramāṇa (Measurement of Body- Height, Weight, Posture, Circumference of Head)
- Sātmya or client's ability to adapt to Āhāra (Diet), Dravya (Herbs), Vihāra (Lifestyle and Behavior)
- Āhāra Śakti (Ability to Digest)
- Vyāyāma Śakti (Stamina, endurance, and capacity to exercise)

2.2.6 In-Depth Knowledge of:

- Tridoṣa (three humors) theory including the gurvādi guṇas (10 pairs of opposite qualities)
- Physical and mental attributes in a prakṛti (individual constitution) including but not limited to height, weight, color of eyes, skin, mental abilities, memory, intellect, diet, tastes, digestive fire, quality of skin, temperature, hair, appetite, elimination, stress factors
- Physical and mental attributes that change with time: diet, climate, season, stress, and environment
- Changes in vikṛti (pathological condition) due to changes in agni (digestive fire), guṇas (qualities) resulting in digestive disorders, appetite, and elimination changes
- Guṇas (attributes) that cause the doṣas to accumulate and become aggravated
- Āhāra (diet) and vihāra (lifestyle); how diet, climate, season, and age impact the prakṛti (individual constitution) and subsequently contribute to doṣa vikṛti (aggravation of doṣa) and cause of disease
- What constitutes excess, deficient and the imbalance of doṣas within their own site
- Theory of similar and dissimilar and balancing the doṣa vikṛti (aggravation of doṣa) through a proper daily routine, seasonal routine, and basic rasas (six tastes) for a person of each constitutional type

Category 2.3 Doṣas, Sub-doṣas, Dhātus (Tissues), Srotāṃsi (Pathways)

2.3.1 Demonstrated ability in determining the state of doṣas, sub-doṣas, dhātus, upadhātu (By products of nutrition) and srotāṃsi (pathways).

2.3.2 Demonstrated ability to assess the state of doṣas, and sub-doṣas, dhātus (tissues), upadhātus (By products of nutrition), and srotāṃsi (pathways) involved through darśana

(observation), sparśana (palpation) and praśna (asking questions) and is able to interpret the information received.

2.3.3 Darśana (Observation)

- Demonstrated ability to interpret information that has been received upon darśana (observation) to determine the involvement (vitiation) of doṣas, sub-doṣas, dhātus (tissues) and srotāṃsi (pathways).

2.3.4 Sparśana (Palpation)

- Demonstrated ability to interpret information that has been received upon palpation (sparśana) to determine the involvement (vitiation) of doṣas, sub-doṣas, dhātus (tissues) and srotāṃsi (pathways).

2.3.5 Praśna (Interview / Questioning)

- Demonstrated ability to interview/question about the current state of digestion, elimination, sleep, stress level, energy level and emotional level.

2.3.6 In-Depth Knowledge of:

- Healthy dhātus – tissues (dhātu sārata – Signs of ideal tissues).
- How to properly examine the client utilizing the methods of trividha parīkṣā (three-fold clinical assessment), aṣṭavidha parīkṣā (eight-fold clinical assessment), daśavidha parīkṣā (tenfold clinical assessment)
- Definition, qualities, locations, actions, and functions of the three doṣas and 15 sub-doṣas
- Causes of imbalance, signs of imbalance of the three doṣas and 15 sub-doṣas
- Definition, location, and function of the dhātus (tissues) and how they are formed.
- Definition of upadhātus (By products of nutrition) and dhātu malas (waste products of nutrition)
- Relationship between dhātus (tissues), upadhātus (By products of nutrition) and dhātu malas (waste products of nutrition)
- Definition, types, qualities, and functions of ojas (Essence of Nutrition)
- Relationship of doṣas and dhātus (tissues)
- Definition, origin, and function of the srotāṃsi (pathways)
- Factors causing abnormality of dhātus (Tissues)
- Vṛddhi (aggravation) and kṣaya (depletion) of the doṣas and dhātus (tissues)
- Normal and abnormal functions of srotāṃsi (pathways)

Category 2.4 Agni (Digestive fire) – Āma (Undigested material), Malas (Waste)

2.4.1 Demonstrated ability to assess the state of the malas (waste), agni (digestive fire), and āma (undigested material) through praśna (questioning) and darśana (observation).

2.4.2 Demonstrated ability to:

- Determine the state of agni (digestive fire) by questioning the client for rugṇa patrakam (Client intake form).

- Questioning about appetite, digestion, and elimination
- Ability to recognize the signs and symptoms of āma (undigested material) in the body
- Questioning about digestion
- Observation of tongue, stools, and body odor
- Ability to recognize the signs and symptoms of normal and vitiated mala (waste)
- Questioning about urination, elimination and sweat patterns
- Observation of the urine, stools and sweat to include color, volume, odor, clarity

2.4.3 In-Depth Knowledge of:

- Symptoms and signs of the four states of agni (digestion)
- Definitions of āma (undigested material), agni (digestive fire) and mala (waste)
- How āma (undigested material) is formed
- Types agni (digestive fire) and āma (undigested material)
- Functions of agni (digestive fire)
- Signs and symptoms of the altered states of agni (digestive fire)
- Signs and symptoms of āma (undigested material) in the mūtra (urine), purīṣa (feces), sveda (sweat), on the jihvā (tongue), netra (eyes), nakha (nails), tvak (skin), etc.
- Functions of the malas (waste)
- What constitutes the normal and abnormal quantity and qualities of malas (waste)

Category 2.5 Prāṇa (vital energy) –Tejas (radiance) –Ojas (essence of life)

2.5.1 Demonstrated ability to determine the state of prāṇa, ojas and tejas

2.5.2 Demonstrated ability to assess the following:

- The state of prāṇa (vital energy), tejas (radiance) and ojas (essence of life) through observation and the interview process (consultation) which explores the state of prāṇa (vital energy), tejas (radiance) and ojas (essence of life).

2.5.3 In-Depth Knowledge of:

- Definition of prāṇa (vital energy), tejas (radiance) and ojas (essence of life)
- Relationship of prāṇa (vital energy), tejas (radiance) and ojas (essence of life) to vāta, pitta and kapha
- Signs of healthy or balanced prāṇa (vital energy), tejas (radiance) and ojas (essence of life)
- Symptoms of high ojas (essence of life)
- Symptoms of low ojas (essence of life)
- Displaced ojas (essence of life)
- Factors causing imbalance in prāṇa (vital energy), tejas (radiance) and ojas (essence of life)

Section 3 : Assessment and Diagnosis

Category 3.1 Personal and Family Health History

3.1.1 Demonstrated ability to effectively take a detailed current and past, personal, and family health history with the following ability/abilities: Asks questions which gather the appropriate information necessary to understand the prakṛti (individual constitution) and vikṛti (pathological condition) of the client and refers a client for disease management care, when necessary.

3.1.2 In-Depth Knowledge of:

- What the chief complaint is, based on initial consultation and the importance of mitigating factors such as: origin, duration, progress, factors that aggravate and relieve the symptoms.
- Past medical history, including illness, injuries, surgeries, hospitalizations
- Family history affecting vikṛti (pathological condition) of the client
- Social history affecting vikṛti (pathological condition) of the client
- Roles of work relationships and home environment affecting vikṛti (pathological condition) of the client
- Medication and supplements a client are taking
- Any food or drug allergies or intolerances the client has
- Nutritional habits of the client
- Good listening skills, eye contact and develops rapport with client
- How to ask open ended questions with each client
- The importance of obtaining a good health history and demonstrates this ability
- Accurate assessment and plan of action
- Client's satisfaction of Āyurveda methodology
- Improving the understanding of the consultation
- Improvement of client compliance to any suggestions or guidelines given

Category 3.2 Vital Signs

3.2.1 Demonstrated ability to effectively take basic vital signs:

- Taking a client's measurements: (Requires a description of measurements)
- Assessing a client's height and weight
- Taking a client's pulse
- Taking the blood pressure

3.2.2 In-Depth Knowledge of:

- Pulse
 - Able to interpret pulse rate, rhythm, and volume
 - Taking pulse at appropriate site
 - Normal and abnormal pulses
- Blood Pressure
 - Determining what is blood pressure

- The systolic and diastolic pressure (normal, abnormal, physiology)
- Measuring blood pressure
- Respiration
 - Determining respiration
 - Normal and abnormal respiration

Category 3.3 Nidāna (Etiological Factors)

3.3.1 Demonstrated ability to determine the nidāna (etiological factors) responsible for the doṣic imbalance:

- Interprets and understands the case history of the client
- Conveys the factors causing the general doṣic imbalance with the client

3.3.2 In-Depth Knowledge of:

- The three fundamental causes of disease: Asātmyendriyārtha saṃyoga (abnormal interaction of senses and their objects), prajñāparādha (intellectual transgression), pariṇāma (change due to time)
- How the senses might be misused (over-used, under-used or wrongly used) in a manner that causes the doṣas to become aggravated
- How daily and seasonal routines impact the flow of the doṣas
- Qualities that cause the doṣas to go through the six stages of pathogenesis
- How constitution, climate, season, and age impact the movement of the doṣas
- Additional nidānas (causative factors) in the disease process
- How the suppression of natural urges contributes to the disease process
- Specific etiological factors of each symptom and disease

Category 3.4 Pathology (Vikṛti Vijñāna)

(PLEASE NOTE: The translations of the Sanskrit disease names are broad correlations of conventional diagnoses but not exclusive to those pathologies. Other conditions which present with similar symptoms and pathologies may also be included under some of the Ayurvedic disease names. There are many recent pathologies that may not have specific names in Ayurveda, but can be understood by the pathological changes in the dosas and root cause etiology)

3.4.1 Demonstrated ability to and In-Depth Knowledge of:

- Identify doṣa vṛddhi (increase) and kṣaya (decrease)
- Identify dhātu vṛddhi (increase), kṣaya (decrease), and duṣṭi (abnormality)
- Identify mala vṛddhi (increase) and kṣaya (decrease)
- Understand doṣa gati (movement of dosas):
 - Ūrdhvaga (upwards), adhoga (downwards), and tīryak (horizontally)

- From *koṣṭha* (GIT) to *śākha* (extremities) and from *śākha* (extremities) to *koṣṭha* (GIT)
- In the 6 stages of *samprāpti* (Pathogenesis)
- Understand causes of *doṣas* moving from *koṣṭha* (GIT) to *śākha* (extremities) and from *śākha* (extremities) to *koṣṭha* (GIT)
- Understand relationship between the *doṣas*, *dhātu* (Tissues), and *malas* (waste)
- *Srotāmsi* (pathways):
 - Causes of *srotovaiguṇya* (abnormalities in the qualities of the pathways)
 - Causes and signs of *sroto duṣṭi* (pathological conditions associated with the pathways)
- *Avaraṇa* (Aggravated doshas or ama blocking the functions of vata) pathology and its signs
- Various *vyādhis* (disease conditions):
 - Identify *vyādhi lakṣaṇas* (signs of disease)
 - Identify *vyādhi avastha* (stage of pathology): *sāma* (with ama) or *nirāma* (without ama) state of *doṣa*, *dhātu*(tissues), and *malas*(waste)

3.4.2 In-Depth Knowledge of *vyādhi* (disease) classifications:

- *Nija* (internal), *āgantū* (external), and *mānasika* (psychological)
- *Santarpaṇa* (Diseases due to over nourishment) and *apatarpaṇa* (diseases due to under nourishment) *janya* (generation)
- According to *roga mārga* (disease pathways): *Bāhya* (external), *ābhyantara* (internal), or *Madhya* (intermediate)
- *Sāmānyaja* (General classification) or *nānātmaja* (specific classification – by specific doshas ie. 80 vata conditions, 40 pitta conditions and 20 kapha conditions)
- Prognosis: *Sukha sādhyā* (Easily curable), *kaṣṭha sādhyā* (Curable with difficulty), *yāpyā* (Manageable but incurable), or *asādhyā* (incurable)
- Knowledge of the *nanatmaja vikaras*: *vataja*, *pittaja* and *kaphaja*

3.4.3 In-Depth Knowledge of the classical diseases listed below, including how they are described in Madhav Nidhan, any differences seen in the samhitas regarding these diseases and the opinions of the chief commentators:

- According to *srotas*:
 - *Prāṇavaha Srotas* (Respiratory system): *Kāsa* (Cough), *Śvāsa* (Asthma / difficulty in breathing), *Hicca* (hiccups)
 - *Annavaha Srotas* (digestive system): *Ajīrṇa* (Indigestion), *Aruci* (Ageusia/ inability to taste), *Cardi* (vomiting), *Amlapitta* (Peptic ulcers), *Ānāha* (heartburn), *Udara*

śūla (colic pain), Kṛmi (infection / parasites), Grahaṇi (Spru / IBS/ Celiac disease), Atisāra (Diarrhea), Arśhas (hemorrhoids)

- *Ambuvaha Srotas (Pathway for fluids): Tṛṣṇa (Morbid thirst), Śoṭha (Swelling / edema), atisara (diarrhea)*
- *Rasavaha Srotas (Pathway for plasma): Jvara (All types of fevers), Pāṇḍu (Anemia)*
- *Raktavaha Srotas (Pathway for blood): Raktapitta (Bleeding disorders), Dāha (burning sensation), Vātarakta (Rheumatoid arthritis / Gout), Kāmala (Jaundice)*
- *Mamsavaha Srotas (Pathway for Muscle tissue): Granthi (Aneurysm), Galaganda (Goiter), Gandamala (mumps / Scrofula)*
- *Medovaha Srotas (Pathways of fat): Staulya – obesity (Medo roga – disease of fatty tissue)*
- *Asthivaha Srotas (Pathways of the bony tissue): Asthigata vāta (Abnormal vata localized in the joints), Sandhigata vāta (osteo arthritis), Āma vāta (Rheumatic fever)*
- *Majjavaha Srotas (pathways of the bone marrow): Pakṣāvadha (Paralysis associated with stroke), Ākṣepaka (Spasm / convulsions), Kampavāta (Parkinson's disease), Apasmāra (epilepsy), Gṛdrasi (sciatica)*
- *Śukravaha Srotas (pathways of the reproductive tissue): Klaiḅya (impotency)*
- *Ārtavavaha and Stanyavaha Srotas (pathway for female reproduction): Yoni vyāpat (disorders of the uterus), Pradara (Leukorrhea), Stanya rogas (disorders of the breasts)*
- *Mutravaha srotas (urinary tract): mutrakrucchra (dysuria and mutragata (Urinary retention/obstruction), Prameha (Urinary disorders including diabetes)*
- *Purishavaha srotas (excretory system): pravahika (dysentery), Malabaddhata (chronic constipation)*
- *Swedavaha srotas (sweat carrying channel): asweda (absence of sweating), atisweda (excessive sweating) and hydradenitis*
- *Manovaha Srotas (Pathways of the mind): Unmāda (psychosis and major depression), Smṛtibhramṣa (memory loss, lack of cognition)*
- According to organ:
 - *Hrid roga (heart disease)*
 - *Tvak (Skin): Visarpa (Erysipelas), Kaṇḍu (Urticaria), Kuṣṭha (Skin Disorders)*
 - *Vṛkka (Kidneys): Aśmari (Kidney calculi)*

*Additional diseases: *Gulma (Abdominal tumors), Arbuda (All types of Cancers)*

3.4.4 Basic knowledge of the western diseases listed below, including a general appreciation of epidemiology, causation, pathogenesis, and clinical presentation:

- Jwara
 - Influenza
 - Lyme Disease
 - STIs
 - Visham jwara
 - Sannipataka jwara
 - Rajyakshma
- Common infectious diseases
 - RSV
 - Gastroenteritis
 - Food poisoning
- Emerging infectious diseases
 - Lyme Disease & co-infections
 - Babesiosis
 - Bartonella
 - Ehrlichiosis
 - Mycoplasmosis
 - Tularemia
 - West Nile
 - HIV
- Annavaha srotas & purishavaha srotas
 - Chronic diarrhea
 - Candidiasis
 - Parasitic infections (krumi)
 - Food allergies
 - Chronic gastritis
 - GERD
 - Irritable bowel syndrome
 - Gluten sensitivity and celiac disease
 - Hemorrhoids.
 - Inflammatory bowel disease (ulcerative colitis, Crohns, microscopic colitis)
- Ambuvaha srotas
 - Diabetes
 - Dehydration
- Pranavaha srotas
 - Sinusitis
 - Chronic bronchitis
 - Bronchial asthma
 - Allergies/hay fever
 - Walking pneumonia
- Rasavaha srotas
 - Hyperlipidemia

- Eczema
- Psoriasis
- Urticaria
- Acne
- Raktavaha srotas
 - Hypertension
 - Ischemic heart disease,
 - Arrhythmias
 - Peripheral vascular disease
 - Anemia
 - Chronic liver diseases: Hepatitis B & C and non-alcoholic fatty liver disease
 - Thrombophlebitis
- Mamsavaha srotas
 - Chronic pain syndromes
 - Fibromyalgia
 - Chronic fatigue syndrome
 - Tendinitis
 - Plantar fasciitis
- Medovaha srotas
 - Obesity
- Astivaha srotas
 - Osteoarthritis
 - Rheumatoid arthritis
 - Psoriatic arthritis
 - Gout
 - Osteoporosis
 - Scoliosis
- Majjavaha srotas
 - Sleep disorder
 - Migraine
 - MS
 - Headaches
 - Epilepsy
- Shukravaha srotas
 - Prostatitis
 - Prostate cancer
 - Erectile dysfunction
 - Infertility
- Artavavaha srotas
 - Menorrhagia
 - Dysmenorrhea
 - Amenorrhea
 - PMS
 - Support for normal pregnancy

- Menopause
- Manovaha srotas
 - Anxiety
 - Panic attacks
 - Stress
 - PTSD
 - Eating disorders (anorexia nervosa, bulimia)
 - Alcoholism
 - Major depression
 - Bipolar
 - Schizophrenia
- Sthanyavaha srotas
 - Support for lactation
 - Tender breasts
 - Fibrocystic breast disease
 - Breast cancer
- Mutravaha srotas
 - UTI
 - Irritable bladder syndrome
 - Incontinence
- Metabolic disorders
 - Thyroid diseases
 - Adrenal fatigue
 - Diabetes

Category 3.5 Saṃprāpti (Pathogenesis)

3.5.1 Demonstrated ability to determine the current stage of saṃprāpti by darśana (observation), sparśana (touch) and praśna (questioning) and evaluate the client and determine the stage of pathology the client is experiencing. Describe the pathology in terms of the stage of disease along with the involvement of the doṣa, sub-doṣa, dhātu and srotas in the disease and determine the state of agni in the disease.

3.5.2 Demonstrated ability to discern the difference between the stages of sañcaya (accumulation), prakopa (aggravation) and prasara (overflow) and relocation, manifestation, and differentiation to have knowledge of the limitations of the scope of practice.

3.5.3 In-Depth Knowledge of:

- All stages of disease (śaḍ kriyā kāla)
- Signs of disease at each stage including relocation, manifestation, and diversification.
- Specific pathology related to disease conditions

Category 3.6 Counseling Skills

3.6.1 Demonstrated ability to provide counseling with the following:

- Conveys information and ideas correctly (to educate)
- Listens and understands
- Supports a client to make positive changes in his/her life
- Earns the clients 'trust

3.6.2 In-Depth Knowledge of and demonstrated ability to:

- Communicating effectively
- Demonstrating effective skills for counseling
- Recommending changes in diet and lifestyle as necessary, due to doṣic tendencies and how they relate to challenges
- Supporting each person to make successful changes based on their constitutional type
- Supporting a rājasika (hyperactive /motivated) and tāmasika (dull/ disassociated) client to make changes

Category 3.7 Medical Reports

3.7.1 Demonstrated ability to interpret basic western diagnostic and medical reports. Understand the diagnostic assessments of physician, chiropractor, physical therapists and other health and medical professionals, including:

- Nature of the diagnostic test (what it is) and why the test is performed.
- Normal and abnormal tests.

Noted Limitation: The doctor is not required to be able to interpret raw data or the test results, but to understand the interpretation of the test from the expert who has reports the results.

3.7.2 Demonstrated ability to:

- Recognize when test results might indicate “can’t afford to miss” diagnoses that require referral
- Recognize when tests, although technically normal, indicate less than optimal health, (such as a higher than optimal TSH or a lower than optimal vitamin D)
- Understand how to use tests to corroborate or support their Ayurvedic diagnostic methods
- Comprehend medical records brought in by a patient and grasp their significance in the overall history
- Be aware of which tests should be ordered to exclude a serious illness
- Know how to write a specific, targeted referral letter to support their patient in excluding or confirming important diagnoses requiring medical attention

3.7.3 Basic knowledge of the following blood tests:

- Basic Chemistry Screen
 - Glucose

- Urea nitrogen
- Creatinine
- EGFR
- Serum sodium
- Serum potassium
- Serum chloride
- Serum magnesium
- Serum calcium
- Serum phosphate
- Serum uric acid
- Serum albumin
- Serum globulin
- Total serum protein
- Bilirubin (total * direct* indirect*)
- Alkaline phosphatase
- Serum iron
- Ferritin
- GGT/GGTP
- Serum LD
- AST (SGOT)
- ALT (SGPT)
- Cholesterol
- Triglycerides
- HDL
- LDL
- Homocysteine (understand why it is not, but should be, a basic screen)
- Apolipoproteins (understand why it is not, but should be, a basic screen)
- Basic Hematology Tests
 - White blood count and differential
 - Hemoglobin
 - Hematocrit
 - Red blood cell indices:
 - MCV
 - MCH
 - MCHC
 - RDW (red blood cell distribution width)
 - Reticulocytes
 - Platelet count
- Commonly assessed Hormone Tests
 - TSH
 - T3 T4
 - Cortisol
 - Testosterone
 - LH

- FSH
- Vitamin D Level
- Inflammatory Markers
 - CRP
 - Rheumatoid factor
 - ANA
- HbA1c
- Tumor Markers
 - PSA
 - AFP
 - Ca 125
- Standard Urinalysis
 - Volume, color, turbidity
 - Specific gravity
 - Ph
 - Protein
 - Glucose
 - Ketones
 - Bilirubin
 - Heme
- Stool Tests
 - Fecal fat
 - Stool culture and sensitivity, O&P
 - FOB
- Imaging
 - Reasons for performing ultrasound studies
 - Abdominal ultrasonography
 - Echocardiography
 - Fetal ultrasound
 - Pelvic and transvaginal ultrasonography
 - Dangers, pitfalls & uses of CT scans
 - Calcium count/heart scan
 - Reasons for performing MRI & type of information obtained
 - Dangers & uses of x-rays
 - Dexascan for bone density
- Endoscopy
 - Reasons for performing upper GI & colonoscopy and type of information obtained
- Pathology
 - Understand cancer staging, grading report and hormone sensitivity

Category 3.8 Client Strengths and Assets

3.8.1 Demonstrated ability in assessing and determining client's strengths and willingness to follow recommendations:

- Client's compliance
- Memory of the client
- How the qualities noted above influence the outcome of a case

Category 3.9 Research

3.9.1 Demonstrated ability to:

- Participate in original research
- Write scholarly review articles of the literature
- Present their research, reviews, and case studies at conferences
- Critically read the reported data
- Identify flaws in studies (sample size, personal bias, etc)

3.9.2 Knowledge of:

- How to read research abstracts
- The purpose of research
- Basic research methods
- How different types of research are conducted

Section 4: Recommendations, Treatment and Other Interventions

Category 4.1 Āhāra: Food/Diet

4.1.1 In-depth knowledge to recommend or prescribe the appropriate food choices and proper āhāravidhi (eating behaviors) in accordance with the prakṛti (individual constitution), vikṛti (pathological condition), guṇas (qualities), rasa (taste), ṛtu (season), agnibala (digestive strength) and vaya (age) of the client.

4.1.2 Demonstrated ability in the selection and preparation of appropriate foods and spices as per the prakṛti (individual constitution), vikṛti (pathological condition), guṇas (qualities), rasa (taste), ṛtu (season), agnibala (digestive strength) and vaya (age) as well as demonstrate proper āhāravidhi (eating behaviors) through their own practice.

4.1.3 In-Depth Knowledge of:

- The Six Tastes
 - Six tastes, their elemental make up and qualities
 - Rasa (taste), vīrya (potency) and vipāka (post digestive effect) of the tastes

- The gurvādi guṇas (10 pairs of opposite qualities) of each taste
- Effects of each taste on doṣas, dhātus (tissues) and malas (waste)
- Tastes that are bṛmhaṇa (nourishing) and those that are laṅghana (depleting)
- Effect of the tastes and foods on agni (digestive fire) and āma (undigested material)
- Elemental make up of foods (mahābhoutika āhāra – five elements in food)
- Dietary Guidelines
 - Suggests proper guidelines for healthy eating
- Specific Foods and Spices
 - Foods in each major category (Grains, meats, dairy, etc.) and their effect on their actions on the three doṣas
 - Spices and their effect upon the doṣas
- Fasting
 - Fasting able to offer types of fasting
 - Liquid, juice, fruit, one meal per day
- Preparation of Food
 - How processing food changes its qualities
 - How to prepare basic foods such as kichari, ghee and buttermilk
- Rituals of Eating
 - Importance of saying grace before meals
- Other
 - Importance and intake of uṣāpāna (cooked water) in the mornings

Category 4. 2 Vihāra: Lifestyle

4.2.1 Demonstrated ability to recommend or prescribe appropriate dinacaryā (daily), ṛtucaryā (seasonal) and life cycle routines as per the prakṛti (individual constitution), vikṛti (pathological condition), and guṇas (qualities). The doctor can recommend at-home svasthavṛtta (preventive and promotive) measures and sadvṛtta (positive conduct) measures.

4.2.2 Demonstrated ability and in-depth knowledge to recommend, and prescribe the following:

- Recommend daily routines (review techniques with client)
 - Recommend proper oral hygiene (tongue cleaning, teeth brushing and flossing)
 - Taking care of Eyes (eye wash)

- Self abhyaṅga (oil application)
- Drinking uṣāpāna (cooked water) in the morning
- Netī (nasal salve)
- Activities to promote sleep before bed
- Recommend adjustments to the daily routine based on season
- Support the client to make lifestyle changes
 - Adjusting bedtimes and wake up times according to dosha, as well as season
 - Times to take food
 - Instruct the client in modifying lifestyle in accordance with the seasons
- Sadvr̥tta (Good moral conduct)
 - Encourage devotional and spiritual practices
 - Encouraging mindfulness throughout the day
 - Encourage to cultivate loving kindness, compassion, joy, and equanimity
- Modify the daily, seasonal and lifecycle routines of the patient in accordance with their underlying disease

4.2.3 In-Depth Knowledge of:

- Doṣas increasing or decreasing during various times of the day and season
- Age affecting the doṣas and agni (digestive fire)
- Influence of appropriate physical, devotional, spiritual practices on doṣas and guṇas (qualities)
- Twenty guṇas (qualities), doṣas, agni (digestive fire), āma (undigested material), ojas (essence of life)
- Mahāguṇas - sattva, rajas, tamas (Three Primal States)
- Drinking uṣāpāna (cooked water) in the morning
- Lifestyle impacting digestion and elimination
- A regular routine influencing the doṣas
- Practice of abhyaṅga (oil application), the oils to be used for abhyaṅga (oil application), different types of abhyaṅga (oil application)
- Effective use of daily routine
- Effective use of seasonal routine
- Devotional and spiritual practices affecting the mind and body
- Rātr̥caryā (evening routine)
- Ṛtusandhi (transition of the seasons)
- Rasāyana (rejuvenating) foods
- Vājīkaraṇa (aphrodisiac) foods

- Resisting and not resisting urges
- How specific diseases alter general lifestyle recommendations

Category 4.3 Senses

4.3.1 Demonstrated ability and knowledge to recommend or prescribe sātmyendriyārthasaṃyoga (the appropriate use of sight, smell, touch, taste, and hearing), administer appropriate treatments and the use in management of disease. As follows:

- **Aromatic Therapy:** The doctor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of smell and instruct the client to adjust their aromatic environment to support the healing process. This might include identifying substances that are disturbing the sense of smell as well as recommending the use of doshically appropriate aromatic herbs.
- **Taste Therapy (diet and herbs):** The doctor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of taste and instruct the client to adjust their gustatory environment (for more information see the food section) to support the healing process. This might include correcting a diet that is too salty, too pungent, too sweet, etc. and recommending a doshically appropriate balance of tastes.
- **Touch Therapy (self-massage):** The doctor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of touch and instruct the client to adjust their tactile environment to support the healing process, such as by instructing the client in Ayurvedic self-massage.
- **Sound therapy:** The doctor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of hearing and instruct the client to adjust their auditory environment to support the healing process. This might include identifying exposure to loud music or work-related noise as well as recommending methods to mitigate such exposures.
- **Visual Therapy:** The doctor can identify excessive utilization, deficient utilization, and mis-utilization of the sense of vision and instruct the client to adjust their visual environment to support the healing process. This might include identifying aspects of the client's work or leisure environment, such as excess screen time, which are stressful to the sense of vision and recommending methods to mitigate these exposures.

4.3.2 In-Depth Knowledge of:

- The sensory and motor faculties
- Relationship of pañca mahābhūtas (five elements) to each sensory and motor faculty
- Effect of appropriate, excessive and absence of sensory stimuli on each of the five sensory faculties and mind

- Sensory stimuli affecting the doṣas
- Appropriate and inappropriate use of senses
- Different oils used for nasya
- Touch therapy including different forms of abhyaṅga (oil application), and appropriate oils used for abhyaṅga (oil application)
- Different tastes and influence on doṣas
- The mind is and its functions
- Relationship between the five elements and their respective tanmātra (five subtle elements), sense and motor organ

Category 4.4 Psychiatry (Bhūtavidyā/Manovijñāna)

4.4.1 Demonstrated ability and in-depth knowledge to competently recommend diet (*āhāra*), lifestyle (*vihāra*), positive conduct (*acāra*), herbs (*dravya*) and treatments (*cikitsā*) to treat pathologies of the mind.

4.4.2 Demonstrated ability to:

- Take a psychiatric history from an Ayurvedic standpoint.
- Design, implement and manage a plan to pacify the *doṣas* within the mind and provide treatments to treat mild pathologies of the mind.

4.4.3 Demonstrated ability and in-depth knowledge to make the following recommendations and implement the following therapies with the goal of pacification of the *doṣas*.

- Visual Therapy: Sāttvika (purity. positive) intake of impressions and the proper use of color
- Auditory Therapy: Sāttvika intake of impressions and the proper use of sound
- Aromatic Therapy: Sāttvika intake of impressions and the proper use of aromas
- Gustatory Therapy: Sāttvika intake of impressions and the proper use of foods
- Tactile Therapy: Sāttvika intake of impressions and the proper use of touch
- Effective daily routines
- Changes to a person's behavior
- Herbal remedies for the balancing the doṣas of the mind, restoring a healthy balance of *prāṇa* (vital energy), *tejas* (radiance) and *ojas* (essence of life) are an important part of treating specific disease conditions
- Dietary remedies that not only balance the *doṣas* of the mind and restore a healthy balance of *prāṇa* (vital force), *tejas* (radiance) and *ojas* (essence of life) but also are an important part of treating specific disease conditions
- Lifestyle remedies that not only balance the *doṣas* of the mind and restore a healthy balance of *prāṇa* (vital force), *tejas* (radiance) and *ojas* (essence of life) but also are an important part of treating specific disease conditions

- Conduct correction that not only balance the *doṣas* of the mind and restore a healthy balance of *prāṇa* (vital force), *tejas* (radiance) and *ojas* (essence of life) but also treating specific disease conditions
- Additional sensory therapies that not only balance the *doṣas* of the mind and restore a healthy balance of *prana* (vital force) –*tejas* (radiance) and *ojas* (essence of life) but also are an important part of treating specific disease conditions including visual (color), olfactory (aromas, *netī* (nasal salve), *nasya* – medicated nasal drops) , auditory (*mantra* and music) and touch (massage / oil therapies).

4.4.4 In-Depth Knowledge of:

- Diagnosing the mental *prakṛti* (individual constitution) and *vikṛti* (pathological condition) by quantifying *sattva*, *rajas*, and *tamas*
- The effects of sensory input on the mind
- Effective use and misuse of the five senses
- Overuse, deficient use, and misuse for each sense organ
- *Prāṇa* (vital force), *tejas* (radiance) and *ojas* (essence of life) and how to determine their state
- Three *guṇas* (qualities – *sattva*, *rajas* and *tamas*) and how to determine their state
- What constitutes healthy behavior
- Effect of sensory input on the mind
- Designing a treatment program utilizing diet, lifestyle, adjustments to behavior and how the senses are used
- Various approaches to implementing the treatment program including adjusting the pace of implementation of the program based on a client’s *prakṛti* (individual constitution) and *vikṛti* (pathological condition)
- Effective case management
 - Knowledge of how to conduct follow up visits to monitor progress and make adjustments to the treatment plan including
 - Checking in on how the client is doing implementing assignment/homework plan and lifestyle changes
 - An ability to support the client to be more successful in implementing the treatment plan
 - An ability to assign additional homework / assignments or lifestyle changes at an appropriate time
 - Utilizing of the counseling process noted in the counseling section of this document
- Four aspects of mind- *manas*, *citta*, *buddhi* (intellect), *ahaṁkāra* (ego)
- Definition, qualities, location, and functions of mind
- Complementary Vedic sciences that support the ability to bring balance to the *doṣa*, subtle *doṣas* and the three *guṇas* including Yoga, Jyotiṣa and Vāstu. (See related sections of this document.)

4.4.5 Basic Knowledge of:

- Definitions and symptomatology of major diseases of the mind including:
 - Schizophrenia
 - Bipolar disorder
 - Schizo-affective disorder
 - Major depression
 - Anxiety disorder
 - Sleep disorder
 - Post-partum depression
 - PTSD
 - Personality disorders
 - Dementia
 - Dissociative identity disorder
- First rank symptoms requiring psychiatric referral

Category 4.5 Doṣas Śamana (Pacification)

4.5.1 Demonstrated ability and in-depth knowledge to recommendation and implement that following therapies with the goal of pacification of the doṣas:

- Herbs and spices: Those that are dīpana - increase agni (digestive fire) and pācana (metabolize āma)
- Diet: See food section (kṣut nigraha – controlling hunger)
- Sensory Therapies: See sensory therapy section.
- Vyāyāma (Exercise)
- Heat therapies - agni and anagni cikitsā (therapies with and without fire)

4.5.2 Demonstrated ability to design, implement and manage a plan for pacifying the *doṣas* and eliminating *āma* (*undigested material*).

4.5.3 In-depth knowledge of:

- Seven traditional forms of palliative therapy:
 - Dīpana: Herbs/spices that increasing agni
 - Pācana: Herbs/spices that digest āma
 - Kṣudhā nigraha: Control over diet including the use of fasting
 - Tṛṣṇā nigraha: Control over water and oil intake
 - Vyāyāma: Use of exercise
 - Ātāpa sevana: Forms of creating heat without directly increasing agni such as sunbathing
 - Māruta sevana: Ways to cool the body to protect pitta dosha such as moon walks

- Āyurveda anatomy and physiology, qualities, elements, doṣas, sub-doṣas, dhātus (tissues), upadhātus (by products of nutrition), malas (waste), srotas (pathways), agni (digestive fire), āma (undigested material), ojas (essence of life)
- Indications and contraindications for palliation therapy
- How to design a palliation program to correct an imbalance in each doṣa
- Effective application of each therapy noted above
- Assessing the client’s state of agni (digestive fire), āma (undigested material) and ojas (essence of life)
- Assess digestion, tongue, stools, and body odor as a means of identifying āma (undigested material) in the body
- Assessing doṣa vikṛti (pathological condition)
- Use of herbs and spices for balancing agni (digestive fire) and eliminating ama (undigested material)
- Effective, safe, and appropriate, application of diet, herbs, sensory therapies, exercise, and heat treatments.

Category 4.6 Elimination of Aggravated Doṣas (Lañghana: Pañcakarma)

4.6.1 Demonstrated ability to recommend *pañcakarma* (Elimination of Aggravated of *Doṣas*) programs as well as individual treatments (*śodhana chikitsa – elimination therapies*), including: classical *pañcakarma* (Elimination of Aggravated of *Doṣas*), and treatments for individual conditions, including the use of specialized traditional body treatments.

4.6.2 Demonstrated ability in designing, implementing, and managing *pañcakarma* (Elimination of Aggravated of *Doṣas*) programs as well as individual treatments (*śodhana cikitsā – elimination therapies*), including: classical *pañcakarma* (Elimination of Aggravated of *Doṣas*) and treatments for individual conditions, including use of specialized traditional body treatments. Includes *pūrva karma* (*preoperational procedures*) *pradhāna karma* (*main procedure*), (diet, lifestyle & herbs)

4.6.3 Demonstrated ability and in-depth knowledge to make the following recommendations and provide appropriate case management:

Pūrva Karma (*preoperational procedures*)

- Design a *pūrva karma* (*preoperational procedures*) program and should be able to monitor the patient to be look for signs of over and under oleation (oil therapy).
- Manage the administration of the following therapies
 - *Pūrva karma* diet (*preoperational procedures*)
 - Abhyanga (oil application)
 - Udvartana – Dry powder massage (as needed)
 - Swedana – Sweating therapies
 - Shirodhara – Pouring oil on the forehead

- Katibasti – oil well in lumbar region (As needed)
- Hridbasti – oil well in heart region (As needed)
- Udarabasti – oil well on abdomen (As needed)
- Netrabasti – oil well on eyes (As needed)

Pradhāna Karma

- Design a *pradhāna karma* (main procedure) program and should be able to manage the patient as he/she goes through the program.
 - Vamana – Medicated Emesis (not done routinely in US)
 - Virechana – Medicated Purgation
 - Basti – Medicated enemas
 - Nasya – Medicated nasal drops
 - Rakta Moksha – Blood letting (not done routinely in US)

Paścāt Karma – Rehabilitative measures

- Design a *paścāt karma* (rehabilitative measures) program and manage the patient as he/she goes through the program. This includes restoration of strong digestive fire to nourish, strengthen, and balance the newly detoxified tissues by recommending Rasayan (rejuvenative) herbs according to Prakriti (individual constitution).

4.6.4 In-depth knowledge of:

- *Ama pācana* (digestion of undigested material)
- The process of *pūrva karma* (preparatory procedures)
- The process of *pradhāna karma* (main procedure)
- *Pūrva karma* (preparatory procedures) practice including indications and contraindications
- *Pradhāna karma* (main procedure) practice including indications and contraindications.
- Signs of successful and unsuccessful administration of each practice
- How to adjust the program if the administration of a therapy is not successful.
- Oils and medicines to be used in each practice.
- How to design a complete *pañcakarma* (Elimination of Aggravated of *Doṣas*) program including *pūrva* (preparatory), *pradhāna* (main) and *paścāt* (rehabilitative) *karma* (procedures).
- How to modify the complete *pañcakarma* (Elimination of Aggravated of *Doṣas*) program for patients with a *vāta*, *pitta* and *kapha vikṛti* (pathological conditions).
- How to modify the complete *pañcakarma* (Elimination of Aggravated of *Doṣas*) program for patients with various diseases.

- How to modify a *pañcakarma* (Elimination of Aggravated of *Doṣas*) program with consideration of the patient's response to the therapies including but not limited to: Changes in appetite, elimination pattern, and overall strength

Category 4.7 Bṛmhāṇa (Tonification)

4.7.1 Demonstrated ability to design, implement and manage a program of tonification for sustaining the health of the body and mind. Demonstrated ability to recommend and provide the following treatments and interventions:

- Dietary therapies that promote tonification
- Herbal therapies that promote tonification
- Internal and external snehana (oil therapies)
- Daily routines and lifestyle that promotes tonification

4.7.2 In-depth knowledge of:

- Indications and contraindications for tonification therapy
- Designing a tonification program in accordance with the *doṣa vikṛti* (pathological condition)
- Managing a tonification program and adjust the program in accordance with the client's progress
- Assessing the state of *agni* (digestive fire), *āma* (undigested material) and *ojas* (essence of life)
- How to assess the *dhātus* (tissues) and the signs of depletion

Category 4.8 Rejuvenation (Rasāyana)

4.8.1 Demonstrated ability to recommend a post *pañcakarma* (Elimination of Aggravated of *Doṣas*) rejuvenation program (*paścāt karma*)

4.8.2 Demonstrated ability to design, implement and manage a post *pañcakarma* rejuvenation (*paścāt karma*) for the purposes of rejuvenating the body and mind.

4.8.3 In-depth knowledge of:

- The principles and process of *samsarjana karma* (*rehabilitating diet*); including how restore healthy *agni* (digestive fire) while reintroducing foods into the diet.
- The use of herbs and herbal formulas in the rejuvenation process.
- The appropriate timing for the administration of rejuvenative herbs following *pradhāna karma* (Elimination of Aggravated of *Doṣas*).
- How to properly monitor a patient during the period of *paścāt karma* (*rehabilitative procedures*) and how to adjust a patient's program in accordance with their response to care.

Category 4.9 Gynecology (Stri Vignan)

4.9.1 Demonstrated ability and in-depth knowledge to offer appropriate recommendations for the specific needs of women of childbearing, menopausal and post-menopausal age.

4.9.2 In-depth knowledge to make recommendations and provide the following treatments and interventions:

- Prescribe and prepare the proper herbal formulas
- Prescribe, administer proper Āyurvedic therapies
- Prescribe modifications in the diet
- Prescribe lifestyle changes
- Monitor patients' progress and make the appropriate adjustments to the treatment plan

4.9.3 Knowledge and demonstrated ability:

- Menstrual cycle from Western and Ayurvedic standpoint
- Normal and abnormal menopausal transition from Western and Ayurvedic standpoint
- Able to take a menstrual history
- Able to take a reproductive history
- Able to take a sexual history and assess issues with drive, desire, orgasm pain affecting sexual functioning
- Specific treatments for the female reproductive system:
 - Herbal douches (*uttarabasti*)
 - Vaginal application of medicated ghees

4.9.4 Basic knowledge of:

- Common diseases affecting the female reproductive system: Basic knowledge
 - Vaginal infections and bacterial vaginosis
 - Fibroids
 - Endometriosis
 - Ovarian cysts
 - Ovarian cancer
 - Uterine hyperplasia
 - PCOS
 - Amenorrhea
 - Dysmenorrhea
 - Menorrhagia
 - Dysfunctional uterine bleeding
 - Cervical dysplasia & HPV
 - Cervical cancer

Category 4.10 Pre-natal, Natal, Post Natal

4.10.1 Demonstrated ability and in-depth knowledge to design, implement and manage diet (*ahāra*), lifestyle (*vihāra*), herbs (*dravya*) and treatments (*cikitsā*) to support pre-natal, natal, post-natal health and pathologies and care of newborns.

4.10.2 Demonstrated ability and in-depth knowledge to recommend and provide treatments and interventions of the following:

- Safely and supportively apply food and lifestyle practices to the pre-natal, natal, and post-natal woman. See sections on food and lifestyle.
- Support couples experiencing infertility to restore normal procreative abilities
- Utilize herbs to support and treat pre-natal, natal, and post-natal women
- Treat pre-natal, natal, and post-natal woman who are experiencing illness
- Provide supportive care for newborn infants
- Provide treatment for newborn infants who are experiencing illness.

4.10.3 In-depth knowledge of:

- Doṣas increasing or decreasing during various times of the day and season
- Age affecting the doṣas and agni (digestive fire)
- Influence of appropriate physical, devotional, spiritual practices on doṣas and guṇas (qualities)
- Twenty guṇas (qualities), doṣas, agni (digestive fire), āma (undigested material), ojas (essence of life)
- Mahāguṇas - sattva, rajas, tamas (three primal states)
- Drinking uṣṇāpāna (cooked water) in the morning
- Lifestyle impacting digestion and elimination
- A regular routine influencing the doṣas
- Practice of abhyaṅga (oil application), the oils to be used for abhyaṅga (oil application), different types of abhyaṅga (oil application)
- Effective use of daily routine
- Effective use of seasonal routine
- Devotional and spiritual practices affecting the mind and body
- Rātrīcaryā (evening routine)
- Ṛtusandhi (transition of the seasons)
- Rasāyana (rejuvenating) foods
- Vājīkaraṇa (aphrodisiac) foods
- Resisting and not resisting urges
- Stages of normal pregnancy
- Disorders of pregnancy
- How herbs affect fertility
- Sage use of herbs during each trimester of pregnancy
- Herbs to support lactation

Category 4.11 Children's Health (Kaumārabhṛtya)

4.11.1 Demonstrated ability and in-depth knowledge to offer appropriate recommendations for children of all ages.

4.11.2 Demonstrated ability and in-depth knowledge of how to design, implement and manage a plan to treat the imbalances in all the srotas (pathways).

4.11.3 Demonstrated ability and in-depth knowledge of how to provide the following treatments and interventions:

- Herbal formulas
- Āyurvedic therapies
- Modifications in the diet
- Lifestyle changes
- Monitor patients' progress and make the appropriate adjustments to the treatment plan

4.11.4 Knowledge and demonstrated ability

- Signs of imbalanced doṣas at kapha stage of life
- Current samprāpti (pathogenesis)
- Cardinal signs of diseases
- Herbs, creating herbal formulas, their synergistic effects
- Herbal preparations (oils, ghees etc)
- Appropriate dosage, time of taking herbs,
- Anupānas (adjuvants) in children
- History and chief texts of kaumārabhṛtya
- Normal child development
- Family dynamics and how they may affect a child's health and achievement
- How to take a history in an adolescent
- Presentation of childhood malignancy and when to refer for investigation of a potential malignancy

4.11.5 Basic knowledge of:

- Overview of the most common pediatric disorders: Basic knowledge
 - Autism spectrum disorders
 - ADHD
 - Dyslexia
 - Failure to thrive
 - Children with developmental delays
 - Children with speech and language disorders
 - Children with intellectual disabilities
 - Management of gifted children
 - Food allergies/sensitivities
 - Environmental allergies (dust, mold, pollen, dander etc.)
 - Asthma (svasa)
 - Eczema

- Cradle cap
- Diaper rash
- Adolescent acne
- Infantile colic
- Celiac Disease
- Epilpesy/seizure disorder
- Juvenile Inflammatory Arthritis aka Juvenile Rheumatoid Arthritis

Category 4.12 Geriatrics (Jara Chikitsa)

4.12.1 Demonstrated ability and in-depth knowledge to offer appropriate recommendations for the specific needs of patients over the age of seventy.

4.12.2 Demonstrated ability and in-depth knowledge to make the following recommendations and provide the following treatments and interventions:

- Prescribe and prepare the proper herbal formulas
- Prescribe, administer proper Āyurvedic therapies
- Prescribe modifications in the diet
- Prescribe lifestyle changes
- Monitor patients' progress and make the appropriate adjustments to the treatment plan

4.12.3 Knowledge of:

- Specific difficulties involved in taking the history and eliciting the chief complaint in an elderly patient, including multiple complaints, vague or non-specific symptoms, difficulty in recall, potential need to use an informant other than the patient.
- Specific difficulties involved in taking the past medical history in an elderly patient, including lengthy history, jumbled sequencing, difficulty in recall, potential need to use an informant other than the patient.
- Specific difficulties involved in taking the family history in an elderly patient, including difficulty in recall, potential need to use an informant other than the patient
- Taking a social history in an elderly patient including financial and socio-economic status, living situation, hobbies, social life, and support systems.
- Taking a sexual history in an elderly patient without embarrassment.
- Assessing activities of daily living in an elderly patient and to adjust treatment plan to any limitation in these activities.
- Working with a patient who has multiple pathologies.
- Working with a patient taking multiple prescription medications.
- Awareness and ability to negotiate special compliance issues in the elderly patient such as forgetfulness, difficulty swallowing herbs, limitations in preparing remedies etc.
- Most common diseases affecting the elderly population:
 - Cardiovascular disease
 - Hypertension
 - Cerebrovascular disease
 - Diabetes

- Osteoporosis
- Osteoarthritis
- Parkinson disease
- Dementia
- Erectile dysfunction
- Benign prostatic hyperplasia
- Cancers including gastro-esophageal, colorectal, prostatic, breast, lung; other malignancies including chronic lymphoma, multiple myeloma.
- General debilitation

Category 4.13 Surgery (Shalya Tantra)

Basic knowledge to:

- Understand the history, textual references, and current Indian use of Ayurvedic surgical techniques in order to foster awareness of the achievements of Ayurvedic surgical tradition
- Understand basic surgical principles in order to support patients who are undergoing or have undergone surgery
- Understand commonly performed surgical operations in order to have a full appreciation of patients' past medical history and current options.

Category 4.14 ENT / Head and Neck Region (Śālākya Tantra)

4.14.1 Demonstrated ability to recommend preventative care and treatment for common conditions of the head and neck.

4.14.2 Demonstrated ability and in-depth knowledge to offer therapies to treat imbalances of all the organs around and above the neck region.

4.14.3 Demonstrated ability and in-depth knowledge to prescribe herbal formulas, or herb preparations for diseases of all the organs around and above the neck region.

4.14.4 Basic knowledge of:

- Head and neck anatomy
 - Anatomy of the eye as described in classical texts and modern anatomy
 - Anatomy of the ear as described in classical texts and modern anatomy
 - Anatomy of the nose, sinuses, pharynx, and larynx
 - Clinical anatomy of the cranial nerves
 - Clinical anatomy of the musculature of the neck

- Clinical anatomy is indicated by an adequate knowledge to appreciate clinical presentations such as Bell's palsy, facial pain, tunnel vision, numbness of hand and how this relates to head and neck anatomy.
- Netra rog
 - Eye diseases (*hetu, purvarupa, rupa*, complications & chikitsa) that could form a common part of their practice
 - Other eye diseases which they are unlikely to see
- Vartma roga
 - *Kumbhika pitika* (stye)
 - *Praklinna vartma* (blepharitis)
 - *Vata hatha vartma* (ptosis)
 - *Pakshma kopa* (trichiasis)
 - *Uthsangini* (chalazian cyst), *Pothaki* (trachoma)
- Shukla mandala
 - *Arma* (pterygium), *Shuktika* (xerophthalmia), *Sira pidika* (scleritis)
- Krishna mandala
 - *Savrana sukla* (corneal ulceration)
 - *Avrana shukla* (corneal opacities)
 - *Ajakajatha* (prolapsed iris), *Akshi pakathyaya* (keratomalacia)
- Sarvagatha roga
 - Diseases that may spread or cause loss of vision
 - *Abhishyanda* (conjunctivitis)
 - *Adimantha* (glaucoma)
 - *Akshipak* (uveitis)
 - *Anila paraya* (shifting ocular pain due to trigeminal neuralgia)
 - *Anyatho vata* (referred pain in eye, sphenoidal or frontal sinusitis)
 - *Shushaakshipak* (xerophthalmia), *Amladyushtitha* (allergic chemosis), *Siropatha* (episcleritis)
 - *Sira harsha* (acute orbital cellulitis)
- Drushti mandala
 - *Timira kacha* and *linganash* (the progressive stages of cataract).
 - Basic knowledge of:
 - *Bahya linganash* (Loss of vision due to external causes such as head injury, poison.)
 - *Nayanabhogata* (injuries to eyeball)
 - Retinal detachment
 - Vitreous separation
 - Drusen and macular degeneration

- Netra chikitsa
 - Specialized treatments known as *netra kriya kalpas*:
 - *Seka* (eye irrigation):
 - Snehan for vata
 - *Ropan* for pitta
 - *Lekhan* for kapha
 - *Aschyotana* (eye drops)
 - Snehan for vata
 - *Ropan* for pitta
 - *Lekhan* for kapha
 - *Bidalaka* (topical application of pastes over eyelids)
 - *Pindi* (application of bolus of herbs wrapped in cloth)
 - *Tarpana* or netra basti
 - *Anjana* (coryllium application)
- Karna rog
 - *Karna shula* (earache)
 - *Karna nada* (tinnitus)
 - *Badirya* (deafness)
 - *Kaphaj* (conductive)
 - *Vataj* (perceptive)
 - Menier's disease
 - *Karna pratinaha* (perforated eardrum)
 - *Karna kandu* (itching in ear canal)
 - *Karna gutha* (impacted earwax)
 - *Puthi karna* (suppurative otitis media)
 - *Bahya karna rog* (otitis externa)
 - General management of ear diseases
 - Localized ear treatments:
 - *Karna puran* (ear drops)
 - *Karna dhupan* (ear fumigation)
 - *Karna prakshalan* (ear wash/syringing)
 - Practiced by Western medicine; Āyurveda uses decoctions such as triphala
 - *Karna pramarjan* (dry mopping with sterile swab)
- Nasa and gala rog
 - *Pratishay* (rhinitis)
 - *Apinasa and pinasa* (chronic rhinitis and chronic rhino-sinusitis)

- Allergic fungal sinusitis
- *Putinasa* (atrophic rhinitis)
- *Kshavatu* (vasomotor rhinitis, allergic rhinitis)
- *Parisrava* (rhinorrhea or runny nose)
- *Nasa shosha* (rhinitis sicca)
- *Nasanaha* (deviated septum)
- *Nasa arsha* (nasal polyps)
- *Galaganda* (goiter)
- Pharyngitis
- Tonsillitis
- Laryngitis
- Mononucleosis
- Basic knowledge of:
 - Diphtheria: vataj, pittaj, raktaj and kaphaj rohini
 - *Valaya* (tumours of throat)
 - *Mamsatana* (throat cancer)
 - *Kantha shakula* (adenoidal hypertrophy)
 - Vocal cord nodules
 - Knowledge of *kriya kalpa* for *shirorog* (specific therapies for diseases of head and neck)
 - *Shiras tarpana* therapies:
 - *Shiro abhyanga*
 - *Shirodhara*
 - *Shiro pichu*
 - *Shiro basti*
 - *Shiro lepa*
 - *Gandusha* (holding full mouthful of medicated fluid in mouth)
 - *Shaman, shidhan* or *ropa* in nature, consisting of decoctions, oils, ghees, honey, meat soup, cow milk or bolus of herbal paste
 - *Kavala* (holding smaller amount of medicated fluid in mouth which allows for the fluid to be rotated)
 - *Dhuma pana* (medicated smoke therapies)
 - *Nasya karma* (nasal administration of herbs)
 - May consist of powders liquids, oil, or smoke
 - Knowledge of specific *nasya yogas* for diseases of head
 - Knowledge of symptoms above the neck that require referral to an ophthalmologist, neurologist, or ENT surgeon.

Category 4.15 Toxicology (Agada Tantra)

4.15.1 In depth knowledge of the classical teachings on toxicology and can apply these teachings within the context of contemporary environmental and occupational challenges, with the following abilities:

- Able to take an occupational and environmental history
- Able to assess when a patient's complaint could have an occupational or environmental basis.
- Able to provide appropriate treatment for occupational and environmental disorders.

4.15.2 Knowledge of:

- Qualities and categories of poisons according to classical texts
- Food borne transmission of disease according to classical texts and contemporary context
- Vegetable poisons according to classical texts and contemporary context
- Insect bites according to classical texts and contemporary context
- Heavy metals and inorganic poisoning according to classical texts and contemporary context
- Most important zoonotic diseases and their Ayurvedic management.
- Animal bites (in Āyurveda and in contemporary context)
- Babesiosis
- Cat scratch disease (bartonellosis)
- Ehrlichiosis
- Chagas disease
- Lyme disease
- Malaria
- Rocky Mountain spotted fever
- Toxoplasmosis
- Tularemia

Category 4.16 Herbs and Minerals

4.16.1 Demonstrated ability and in-depth knowledge to safely recommend individualized herbal formulas, predesigned herbal medicines, minerals, and other natural substances for internal or external use with consideration of the dose (mātra), vehicle (anupāna) and timing (auśadha kāla) for the purpose of balancing agni, eliminating āma while supporting the malas and protecting and building ojas, and treating disease. In addition, the doctor is aware of and able to negotiate herb-drug interactions.

4.16.2 Demonstrated ability and in-depth knowledge to administer, combine, provide, compound, and dispense herbal medicines, minerals, or other natural substances. Herbs may

be used for internal or external use for the purpose of balancing agni and eliminating āma while supporting the malas and protecting and building ojas, as well as for treating specific diseases affecting any dhātu, upadhātu, malas or srotas in any stage of the disease pathology.

4.16.3 Demonstrated ability and in-depth knowledge to make the following recommendations and provide the following treatments and interventions:

- Appropriate herbs to balance *agni (digestive fire)*, eliminate *āma (undigested material)* and support the *malas (waste)* while protecting and building *ojas (essence of life)*.
- Pre-designed herbal formulas or create custom herbal formulations that include the use of herbs, minerals, or other natural substances for internal or external use with consideration of dose (*mātra*), vehicle (*anupāna*) and timing (*auśadha kāla*).
- Prescribe herbal and related medicines for the purpose of treating disease.

4.16.4 In-depth knowledge of:

- Herb classification and their energetics based on taste (*rasa*), potency (*vīrya*), post-digestive effect (*vipāka*), quality (*guṇa*) and unique action (*prabhāva*)
- The actions of herbs (*karma*). The doctor is well-versed in the major actions of an herb. When Western terminology matches the Saṁskṛta terminology, the Western terms should be known. When a unique action is described in Saṁskṛta that has no simple translation into English, then the Saṁskṛta terminology for that action should be known.
- The effect an herb has on the agni (digestive fire), āma (undigested material), doṣas, and malas (waste)
- How to prepare powdered mixtures (*cūrṇa*)
- Appropriate dosage (*mātra*) based on age, strength, doṣas, agni (digestive fire) and pattern of elimination (*koṣṭha*)
- The indications for using herbs and contraindications to assure safe use
- Herbs based on storage, processing, purity, and government regulations
- Appropriate herb and herbal related medicines for the management of specific disease conditions.
- The effect an herb has on dhātu (tissues) and srota (pathways)
- Different anupānas (adjuvants) to target different doṣas and dhātus (tissues).
- Basic FDA regulations that affect daily practice
 - (Example Section 201 (g)(1)(B) of the Federal Food, Drug, and Cosmetic Act (the Act) [21 U.S.C. § 321(g)(1)(B) states that herbs cannot make claims of support].
 - Herbs restricted by the FDA.

4.16.5 In-depth knowledge of the following herbs:

<i>Saṁskṛta</i> Name	Latin Name	Common Name
<i>Āmalakī</i>	<i>Emblica officinalis</i>	Indian gooseberry

Saṁskṛta Name	Latin Name	Common Name
<i>Anantamūla</i>	Hemidesmus indicus	Sariva, upalsari
<i>Arjuna</i>	Terminalia arjuna	
<i>Aśoka</i>	Saraca indica	
<i>Aśvagandha</i>	Withania somnifera	
<i>Balā</i>	Sida cordifolia	
<i>Bhr̥ṅgarāja</i>	Eclipta alba	
<i>Bhūmyāmalakī</i>	Phyllanthus amarus	Bhui-avala
<i>Bilva</i>	Aegle marmelos	Bael fruit
<i>Brahmī</i>	Bacopa monnieri, centella asiatica (active debate on this)	
<i>Citraka</i>	Plumbago zeylanica	
<i>Dāruharidrā*</i>	Berberis aristata	Daruhalad
<i>Devadāru*</i>	Cedrus deodara	Deodar
<i>Dhānyaka</i>	Coriandrum sativum	Coriander
<i>Elā</i>	Elettaria cardamomum	Cardamom
<i>Eraṇḍa</i>	Ricinus communis	Castor oil
<i>Gokṣura</i>	Tribulus terrestris	Gokharu
<i>Gudūcī</i>	Tinospora cordifolia	Gulvel, amrita
<i>Guggulu</i>	Commiphora mukul	Guggul
<i>Haridrā</i>	Curcuma longa	Turmeric
<i>Harītakī</i>	Terminalia chebula	Chebolic myrobalan

Saṁskṛta Name	Latin Name	Common Name
<i>Hīṅgu</i>	<i>Ferula assa-foetida</i>	Asafoetida
<i>Jaṭāmāmsī*</i>	<i>Nardostachys jatamansi</i>	Indian spikenard
<i>Jātīphalā</i>	<i>Myristica fragrans</i>	Nutmeg
<i>Jīraka</i>	<i>Cuminum cyminum</i>	Cumin
<i>Jyotiṣmatī*</i>	<i>Celastrus paniculatus</i>	
<i>Kalamegha*</i>	<i>Andrographis paniculata</i>	King of bitters
<i>Kapikacchu</i>	<i>Mucuna pruriens</i>	
<i>Kaṭuki*</i>	<i>Picrorhiza kurroa</i>	Kutki
<i>Kirātatikta*</i>	<i>Swertia chirata</i>	Kade chirait
<i>Kumārī</i>	<i>Aloe barbadensis</i>	Aloe
<i>Kuṭaja</i>	<i>Holarrhena antidysenterica</i>	Kuda
<i>Laśuna</i>	<i>Allium sativum</i>	Garlic
<i>Lavaṅga</i>	<i>Syzygium aromaticum</i>	Clove
<i>Lodhra*</i>	<i>Symplocos racemosa</i>	
<i>Maṅḍūkapaṇḍī</i>	<i>Centella asiatica</i>	Gotu kola
<i>Mañjiṣṭhā</i>	<i>Rubia cordifolia</i>	
<i>Marica</i>	<i>Piper nigrum</i>	Black Pepper
<i>Meṣaśṛṅgī</i>	<i>Gymnema sylvestre</i>	Gurmar, shardunika
<i>Methikā</i>	<i>Trigonella foenum-graeceum</i>	Fenugreek
<i>Miśreya</i>	<i>Foeniculum vulgare</i>	Fennel

Saṁskṛta Name	Latin Name	Common Name
<i>Mustā</i>	Cyperus rotundus	Nagarmotha
<i>Nimba</i>	Azadirachta indica	Neem
<i>Padmaka</i>	Nelumbo nucifera	Lotus
<i>Pippali</i>	Piper longum	Long Pepper
<i>Punarnavā</i>	Boerhaavia diffusa	
<i>Rājīkā</i>	Brassica juncea	Mustard seeds
<i>Rakta candana</i>	Pterocarpus santalinus	Red sandalwood
<i>Raktapuṣpi</i>	Hibiscus rosa	Hibiscus
<i>Rāsnā</i>	Alpina officinarum	Galangal
<i>Saindhava lavaṇa</i>		Mineral salt
<i>Śallakī</i>	Boswellia serrata	
<i>Śaṅkhapuṣpī</i>	Evolvulus alsinoides	
<i>Sat Isabgol</i>	Plantago psyllium	Psyllium husks
<i>Śatāvarī</i>	Asparagus racemosus	Asparagus root
<i>Śilājītu</i>	Asphaltum	Mineral pitch
<i>Śuṅṭhī</i>	Zingiber officinale	Ginger
<i>Svarṇapatrī</i>	Senna alexandrina	Senna
<i>Tagara</i>	Valeriana wallichii	Valerian
<i>Tarunī</i>	Rosa centifolia	Red rose petals
<i>Tavakṣīrī</i>	Maranta arundinacea	Arrowroot

<i>Saṁskṛta</i> Name	Latin Name	Common Name
<i>Tila</i>	Sesamum indicum	Sesame
<i>Tulasī</i>	Ocimum sanctum	Holy basil
<i>Tvak</i>	Cinnamomum cassia	Cinnamon
<i>Uśīra</i>	Vetiveria zizanioides	Vetiver
<i>Vacā</i>	Acorus calamus	Sweet flag
<i>Vasaka</i>	Adhatoda vasica	Malabar nut
<i>Vibhītakī</i>	Terminalia belerica	Beleric
<i>Viḍaṅga</i>	Embelia ribes	
<i>Vidārī kanda</i>	Ipomoea digitata	Indian ginseng
<i>Yaṣṭi madhu</i>	Glycyrrhiza glabra	Licorice root
<i>Yavānī</i>	Carum copticum	Ajwain or wild celery

*Herbs are difficult to obtain due to being protected species or endangered.

4.16.6 In-depth knowledge of various preparations of herbs and how they are made including: infusions, decoctions (kaṣāya), fresh juice (svarasa), jam (avalehya/lehyam), medicated ghee (ghṛta), powders (cūrṇa), medicated oils (taila), pills (vaṭi), moist bolus (kalka), and fermented preparations (āsava/ariṣṭa), including the following specific compound formulations:

Powders (Cūrṇa)	Tablets (Vaṭi)	Decoctions (Kashaya)	Oil (Taila)	Ghee (Ghṛta)	Fermented Preparations (Āsava/Ariṣṭa)	Jams (Lehyam)
Avipattikara Bh.Ra.53/25-29	Candraprabhā Vaṭi Sha.Sa. Madh. 7/40-49	Dashamulam Bh.Ra. 15/	Aṇu Taila A.H.Su. 20/37- 39	Triphala Ghṛta Bh.Pra. Madh. 70/52-53	Abhaya Ariṣṭa Bh.Ra. 9/175 - 180	Cyavanprāśa Sha. Sa. Madh. 8/10-21
Hirṅvāṣṭaka A.H.Chi.14/35	Citrakādi Vaṭi Sha.Sa. Madh. 6/108-111	Amrutotharam/Nagaradi Kashaya S.Y.Kashaya yoga	Bhrṅgarāja/ Mahābhrṅgarāja Taila Bh. Ra. 64/271 -272	Indukantham S.Y.Ghrita yoga	Aśoka Ariṣṭa Bh.Ra. 69/11 4- 116	Gudaradraka/Ardra Rasayana S.Y. Guda prayoga
Sitopalādi Sha.Sa.Madh. 6/134-137	Gokṣurādi Guggulu Sha.Sa.Madh. 7/84-87	Dasamoolakatuthrayadi S.Y. Kashaya Yoga	Brāhmī Taila A.F.I	Mahatiktaka Ghṛta S.Y. Ghrita yoga	Aśvagandha Ariṣṭa Bh.Ra. 21/15 -21	Agastya Rasayanam C.S.Chi. 17/57- 62
Tālisādi Sha.Sa.Madh. 6/130-134	Kaiṣora Guggulu Sha.Sa. Madh. 7/70-81	Guluchyadi A.H. Su.15/16	Mahāmaricyādi Taila Bh.Ra. 54/303 -311	Sukumaram Ghrita S.Y. Ghrita yga	Daśamūla Ariṣṭa Sha.Sa. Madh 10/78-92	Narasimharasayana ras A.H. Utt.39/170- 172
Trikaṭu Sha.Sa.Madh. 6/12-13	Punarnavādi Guggulu Bh.Pra. Madh. 29/165-169	Varanadi A.H. Su.15/21-22	Mahānārāyana Ta ila Bh.Ra. 26/343 -354	Kalyanakam Ghrita A.H.Utt. 6/26- 28	Jirakarishṭa S.Y.Arishta yoga	Ashwagandhadi Lehya S.Y.Avaleha yoga
Triphala Sha.Sa.Madh. 6/9- 11	Yogarāja Guggulu Sha.Sa. Madh. 7/56-70	Gandharvahasthadi S.Y. .Kasa/30	Dhanwantaram Taila S.Y. Taila/1	Brahmi Ghritam Bh.Pra. Madh. 23/18	Amrutharishtam S.Y.Arishta yoga	Trivritadi Lehya S.Y.Lehya yoga
Panchakola Sha.Sa.Madh. 6/13-14	Dhanwantharam Gulika S.Y.Gudika yoga	Nimbadi Kashaya S.Y.Kashaya yoga	Kshirabala Taila A.H. Chi. 22/45- 46	Varanadi Ghritam S.Y.Ghrita yoga	Punarnavasava S.Y.Asava yoga	Dasamulahrītiki Lehya S.Y.Lehya yoga
Sudarshana Churna Bh. Ra. 5/445	Kankayana Gutika S.Y.Gutika yoga	Aragvadhadi Kashaya A.H.Su 15/17-18	Bala Taila A.H. Chi.21	Guggulutikthakam Ghritam S.Y.Ghrita yoga	Draksharishtam S.Y.Arishta yoga	Vilvadi Lehya S.Y.Lehya yoga
R Guggulupanc hapalam Churna S.Y. Churna yoga	Vilvadi Gutika A.H.Utt	Patoladi Kashaya A.H.Su 15/15	Chandanadi Taila S.Y. Taila yoga	Saraswata Ghritam S.Y.Ghrita yoga	Kutajarishtam S.Y.Arishta yoga	Satavari Gudam S.Y.Guda yoga S.Y.Gud
Rajanyadi Churna A.H.Utt	Manasamitra Vatakam S.Y.Gutika yoga	Dusparshakadi Kashaya S.Y.Kashaya yoga	Pinda Taila A.H. Chi. 22/22	Panchagavya Ghritam S.Y.Ghrita yoga	Khadirarishtam S.Y.Arishta yoga	Manibhadra Gudam S.Y.Guda yoga

Powders (Cūrṇa)	Tablets (Vaṭi)	Decoctions (Kashaya)	Oil (Taila)	Ghee (Ghṛta)	Fermented Preparations (Āsava/Ariṣṭa)	Jams (Lehyam)
Avipattikara Bh.Ra.53/25-29	Candraprabhā Vaṭi Sha.Sa. Madh. 7/40-49	Dashamulam Bh.Ra. 15/	Aṇu Taila A.H.Su. 20/37- 39	Triphala Ghṛta Bh.Pra. Madh. 70/52-53	Abhaya Ariṣṭa Bh.Ra. 9/175 - 180	Cyavanprāśa Sha. Sa. Madh. 8/10-21
Hirṅvāṣṭaka A.H.Chi.14/35	Citrakādi Vaṭi Sha.Sa. Madh. 6/108-111	Amrutotharam/Nagaradi Kashaya S.Y.Kashaya yoga	Bhrṅgarāja/ Mahābhrṅgarāja Taila Bh. Ra. 64/271 -272	Indukantham S.Y.Ghrita yoga	Aśoka Ariṣṭa Bh.Ra. 69/11 4- 116	Gudaradraka/Ardra Rasayana S.Y. Guda prayoga
Sitopalādi Sha.Sa.Madh. 6/134-137	Gokṣurādi Guggulu Sha.Sa.Madh. 7/84-87	Dasamoolakatuthrayadi S.Y. Kashaya Yoga	Brāhmī Taila A.F.I	Mahatiktaka Ghṛta S.Y. Ghrita yoga	Aśvagandha Ariṣṭa Bh.Ra. 21/15 -21	Agastya Rasayanam C.S.Chi. 17/57- 62
Tālisādi Sha.Sa.Madh. 6/130-134	Kaiṣora Guggulu Sha.Sa. Madh. 7/70-81	Guluchyadi A.H. Su.15/16	Mahāmaricyādi Taila Bh.Ra. 54/303 -311	Sukumaram Ghrita S.Y. Ghrita yga	Daśamūla Ariṣṭa Sha.Sa. Madh 10/78-92	Narasimharasayana ras A.H. Utt.39/170- 172
Powders (Cūrṇa)	Tablets (Vaṭi)	Decoctions (Kashaya)	Oil (Taila)	Ghee (Ghṛta)	Fermented Preparations (Āsava/Ariṣṭa)	Jams (Lehyam)
Dadimashtaka Churna S.Y.Churna yoga		Drakshadi Kashaya S.Y.Kashaya yoga	Balawagandhadi Taila S.Y.Taila yoga	Vidaryadi Ghritam S.Y.Ghrita yoga	Mustarishtam S.Y.Arishta yoga	
Pushyanuga Churna S.Y.Churna yoga		Punarnavadi Kashaya S.Y.Kashaya yoga	Nalpamaradi taila S.Y.Taila yoga		Vasarishtam S.Y.Arishta yoga	
Vaiswanara Churna S.Y.Churna yoga		Prasarinyadi Kashaya S.Y.Kashaya yoga	Balahadhadi Taila S.Y.Taila yoga		Chandanasava S.Y.Asava yoga	
Saraswata Churna S.Y.Churna yoga		Balajirakadi Kashaya S.Y.Kashaya yoga	Chemparutyadi Taila S.Y.Taila yoga			
Hinguvachadi Churna S.Y.Churna yoga		Manjishtadi Kashaya S.Y.Kashaya yoga	Kottamchukkadi Taila S.Y.Taila yoga			

Powders (Cūrṇa)	Tablets (Vaṭi)	Decoctions (Kashaya)	Oil (Taila)	Ghee (Ghṛta)	Fermented Preparations (Āsava/Ariṣṭa)	Jams (Lehyam)
Avipattikara Bh.Ra.53/25-29	Candraprabhā Vaṭi Sha.Sa. Madh. 7/40-49	Dashamulam Bh.Ra. 15/	Aṇu Taila A.H.Su. 20/37- 39	Triphala Ghṛta Bh.Pra. Madh. 70/52-53	Abhaya Ariṣṭa Bh.Ra. 9/175 - 180	Cyavanprāśa Sha. Sa. Madh. 8/10-21
Hirṅvāṣṭaka A.H.Chi.14/35	Citrakādi Vaṭi Sha.Sa. Madh. 6/108-111	Amrutotharam/Nagaradi Kashaya S.Y.Kashaya yoga	Bhrṅgarāja/ Mahābhrṅgarāja Taila Bh. Ra. 64/271 -272	Indukantham S.Y.Ghrita yoga	Aśoka Ariṣṭa Bh.Ra. 69/11 4- 116	Gudardraka/Ardra Rasayana S.Y. Guda prayoga
Sitopalādi Sha.Sa.Madh. 6/134-137	Gokṣurādi Guggulu Sha.Sa.Madh. 7/84-87	Dasamoolakatuthrayadi S.Y. Kashaya Yoga	Brāhmī Taila A.F.I	Mahatiktaka Ghṛta S.Y. Ghrita yoga	Aśvagandha Ariṣṭa Bh.Ra. 21/15 -21	Agastya Rasayanam C.S.Chi. 17/57- 62
Tālisādi Sha.Sa.Madh. 6/130-134	Kaiṣora Guggulu Sha.Sa. Madh. 7/70-81	Guluchyadi A.H. Su.15/16	Mahāmaricyādi Taila Bh.Ra. 54/303 -311	Sukumaram Ghrita S.Y. Ghrita yga	Daśamūla Ariṣṭa Sha.Sa. Madh 10/78-92	Narasimharasayana ras A.H. Utt.39/170- 172
		Musalikhadiradi Kashaya S.Y.Kashaya yoga	Shacharadi Taila S.Y.Taila yoga			
		Rasonadi Kashaya S.Y.Kashaya yoga	Mahamasha Taila S.Y.Taila yoga			
		Rasnairandadi Kashaya S.Y.Kashaya yoga	Triphaladi Taila S.Y.Taila yoga			
		Vidaryadi Kashaya A.H.Su 15/9-10				
		Sahacharadi Kashaya S.Y.Kashaya yoga				

Note: Those marked with "*" are either not easily available in USA or cannot be used as it is an herb or mineral compound containing "heavy metal". It is important to have knowledge of these products, but students would not be tested regarding the same.

Category 4.17 Jyotiṣa - Vedic Astrology

4.17.1 Familiarity with subject to refer patients to a Vedic or Medical Jyotiṣi (vedic astrology) for assessment and education on the general scope and value of Vedic or Medical Jyotiṣi (vedic astrology) at the appropriate time.

4.17.2 Familiarity with:

- What Vedic or Medical Jyotiṣi (vedic astrology) is
- What a Vedic or Medical Jyotiṣi (vedic astrology) does
- The scope of practice of Vedic or Medical Jyotiṣi (vedic astrology)
- How a Vedic or Medical Jyotiṣi (vedic astrology) can complement client care
- Therapeutic tools utilized by a Vedic or Medical Jyotiṣi (vedic astrology)

The doctor has knowledge of Vedic or Medical Jyotiṣi (vedic astrology), but its practice requires a separate certification.

Category 4.18 Vāstu Śāstra – Vedic Architecture

4.18.1 Familiarity with subject to refer patients to a doctor of Vāstu (vedic architecture) for assessment and education on the general scope and value of Vāstu (vedic architecture) at the appropriate time.

4.18.2 Familiarity with the following:

- What Vāstu (vedic architecture) is
- What a Vāstu (vedic architecture) doctor does
- The scope of practice of Vāstu śāstra (vedic architecture)
- How a Vāstu (vedic architecture) can complement client care
- Therapeutic tools utilized by a practitioner of Vāstu śāstra (vedic architecture)

The doctor has knowledge of Vāstu (vedic architecture), but its practice requires a separate certification.

Category 4.19 Yoga

4.19.1 Familiarity with subject to refer patients to a practitioner of Āyurveda and therapeutic yoga for assessment and education on the general scope and value of Āyurveda and therapeutic yoga.

4.19.2 Familiarity with the following:

- Āyurvedic and Medical Yoga Therapy
- What a practitioner of Āyurvedic and Medical Yoga Therapy does

- The scope of practice of Āyurvedic and Medical Yoga Therapy
- How an Āyurvedic and Medical Yoga Therapy can complement client care
- Therapeutic tools utilized by a practitioner of Āyurvedic Yoga Therapy and Medical Yoga Therapy

The doctor has knowledge of Āyurvedic Yoga Therapy/Medical Yoga Therapy, but its practice requires a separate certification.

Section 5: Categories of Cikitsā (Treatment or Therapies)

Category 5.1 In-depth knowledge of the categories of *cikitsā* (treatment), as listed below:

Ekavidha

1. *Nidāna parivarjana* (removing the cause)

Dvividha

1. *Santarpaṇa* and *apatarpaṇa* (strengthening and depleting)
2. *Śodhana* and *śamana* (purification and pacification)
3. *Śīta* and *uṣṇa* (cooling and heating)
4. *Urjaskara* (synonymous with *rasyana*, preventive treatment)
 - a. *Rasayana chikitsa* to build optimum dhātus, strong agni and immune system for long healthy life, increase strength and stamina, and sharpen memory.
 - b. *Vajikarana* to have strong vigor and vitality, and *shukra dhātu* to have healthy progeny.
5. Curative treatment
 - a. *Rogaprashamana chikitsa* – Palliative treatment by dosha shamana. Disease may recur if the cause is repeated.
 - b. *Apunarbhava* – Complete cure. Disease will not recur.
6. *Roga praśamana* (management of disease)
 - a. *Doshapratyanika*
 - b. *Vyadhipratyanika*
 - c. *Ubhayapratyanika*
 - d. *Apunarbhava* (permanently curative)
7. *Doṣa pratyānīka* (dosha specific treatment)
 - a. Use of therapies with opposite qualities of doshas, e.g., licorice (demulcent herb) to balance vata dryness; cooling herbs to balance heat quality of pitta
8. *Vyādhi pratyānīka* (disease specific treatment)
 - a. Astringent herbs (*patha* or *kutaja*) for diarrhea; turmeric in *prameha*
9. *Ubhaya pratyānīka* (dosha and disease specific treatment)
 - a. Use of dashamul decoction for vataja swelling (*shotha*) balances vata and reduces swelling

Trividha

1. *Sattvavajaya* (mind therapy or psychotherapy)
 - a. Sattvic mental lifestyle, mind calming herbs, etc.

2. *Yukti vyapashray* (logical treatment)
 - a. Treat the disease by knowing the samprapti: dosha, dhātu, srotas involvement, state of agni, underlying nidan, etc.
3. *Daiva vyapashraya* (spiritual healing/faith healing)
 - a. Japa, Mantra
 - b. Tantra therapy
 - c. Gem therapy
 - d. Rituals

Caturvidha

1. Śodhana
2. Śamana
3. Āhāra
4. Ācāra

Pañcavidha

1. Vamana
2. Virecana
3. Basti
4. Nasya
5. Raktamokṣaṇa

Saḍvidha

1. Bṛmhaṇa (building dhātus or tonifying)
2. Laṅghana (lightening/depleting excess dhātus)
3. Snehana (Oiling or moistening)
4. Rūkṣaṇa (drying)
5. Stambhana (stopping outflow)
6. Svedana (Sweating)

Saptavidha

1. Dīpana (strengthen agni)
2. Pācana (digest ama)
3. Kṣudhā nigrāha (fasting, limit food intake)
4. Tṛṣṇā nigrāha (limit liquids)
5. Vyāyāma (exercise)
6. Ātapa sevana (being in the sun, warm weather)
7. Māruta sevana (being in a cool breeze)

Section 6: Western Medical Approaches

Category 6.1 Demonstrated ability and knowledge to refer a patient for assessment and possible treatment by a medical practitioner. With basic knowledge of western medicine, the doctor understands when seemingly mild symptoms could indicate serious underlying disease and which disease to suspect based on the overall picture (e.g., constipation pointing to colon cancer, or to hypothyroid or to onset of Parkinson disease). Although an Ayurvedic Doctor is not

permitted to diagnose a Western disease entity, they must be able to suspect such diseases and refer out appropriately.

Category 6.2 Demonstrated ability and knowledge to make the following recommendations:

- A referral to an appropriate Western Medicine Practitioner at the appropriate time.
- Write an effective referral letter
- Be aware of potential life-threatening diagnoses that need to be excluded and know what tests are required to exclude these diagnoses and which specialty to use for referral

Category 6.3 Knowledge of:

- The scope of practice of a medical practitioner, including which type of specialist is appropriate for the client's condition.
- Indications that require a referral
- How a Western medical practitioner can complement the care being provided by the Āyurvedic doctor

Section 7: Medical Ethics

The Ayurvedic professional has the knowledge and skills to adhere to the highest ethical standards consistent with Ayurvedic spiritual principles and societal norms.

Category 7.1 The doctor has familiarity with the following areas related to medical ethics:

a. HIPAA "Health Insurance Portability and Accountability Act "Guidelines-

- HIPAA Guidelines were created to regulate how patient's medical records or Personal Health Information (PHI) can be kept safe through privacy and security measures.
- HIPAA rules outline national standards for the privacy and availability of PHI between practitioners, doctors, medical centers, health insurance companies and other health providers.
- HIPAA Guidelines respect the privacy and dignity of the patient according to HIPAA requirements.

b. Malpractice Insurance- Although at this time the Ayurvedic professional is not required to maintain malpractice per state or federal law, all health professionals should be aware that:

- If a health care provider causes injury to a patient through either negligent actions, or a violation of the recognized standard of care in that profession, it is defined as "Medical Malpractice."

- Malpractice insurance policies help protect healthcare professionals in the event of malpractice claims, and to cover the legal fees associated with claims if they arise.
- It is highly recommended that the Ayurveda Professional carry professional malpractice insurance.

c. Health Freedom/Safe Harbor Legislation - Each Ayurveda professional should be familiar with the laws applicable to his/her practice. Several states have enacted laws which are commonly referred to as “Health Freedom” or “Safe Harbor” Laws. These laws provide a way for unlicensed complementary and alternative practitioners to provide certain services in their state without risk of being prosecuted for the unlicensed practice of medicine.

For more information regarding health freedom laws in general, and links to the laws enacted in each state, visit <https://nationalhealthfreedom.org/>

Each Ayurveda professional is expected to operate legally in the state(s) in which (s)he practices. If the Ayurveda professional is a licensed health care practitioner, (s)he is expected to practice in a manner in compliance with his or her license(s). If the Ayurveda professional is not a licensed health care practitioner, (s)he is nonetheless expected to practice legally in each state in which (s)he practices. If the unlicensed Ayurveda professional is practicing in a health freedom state, the professional should be familiar with and follow the health freedom law of that state. Any Ayurveda professional who has questions or concerns about how to practice legally in his/her state should seek the advice of legal counsel.

d. Charting- The Ayurvedic professional should understand the HIPAA Requirements for medical records:

- A Medical Record, or “chart,” is a collection of patient’s health information gathered by an authorized healthcare provider.
- Medical charts can be in the form of paper or electronic format. HIPAA (Health Insurance Portability and Accountability Act) requires medical records to be kept in a locked, secure location.
- Records must be maintained for a specified period of time according to state regulations.
- Paper records should be stored in organized, locked areas with no access to unauthorized personnel.
- Electronic medical records should be stored in secure, password protected software that allow for proper organization.
- The Ayurveda Professional shall maintain patient privacy and confidentiality, in full compliance with the health care privacy laws of the United States. This duty of privacy and confidentiality extends to patient medical records.
- The Ayurvedic professional who creates, maintains, preserves, stores, abandons, destroys, or disposes of medical records to do so in a manner that preserves the confidentiality of the information contained within those records.

- The Ayurveda Professional is expected to understand and follow the State laws concerning the release of patient health records.

e. Informed Consent- The Ayurvedic professional should provide documentation of informed consent to all clients. This is an ethical and legal obligation and is the process in which a health care providers educate about the risks, benefits, and alternatives of a given procedure or intervention. <https://www.ncbi.nlm.nih.gov/books/NBK430827/> Patients have the right to receive information and to ask questions about recommended treatments to be able to make informed decisions about their care.

Principles of informed consent- The Ayurvedic professional should know about:

- Disclosure of Information, nature of procedure
- Competency of the patient (or surrogate)
- The risks and benefits of the procedure.
- Reasonable alternative
- Risk and benefits of
- Voluntary nature of the decision and assessment of the patient's understanding of the above elements.

Category 7.2 Practical Medical Ethics

Knowledge of practical medical ethics including case review, group work and additional training in practical case-based discussion which may be facilitated by:

- Faculty and students participate in case-based discussion. This can include live case work shared between faculty and students.
- Group work involving students emphasizing various components of medical ethics.
- Medical ethics should be included throughout the Ayurvedic curriculum especially with client care management.

Category 7.3 End of Life Care

Knowledge of the definition of end-of-life care, and understand available options including hospice care, palliative care, home-based care, long-term care facilities, and hospital-based care. The Ayurvedic professional should understand that advanced care planning is critical to ensure that both caregivers and health care providers can understand their client's wishes and provide all the options for someone who needs to make a choice regarding end-of-life care.

Category 7.4 Patient Rights

Knowledge of the concept of patient rights as they currently exist. While differences exist from state to state, some are guaranteed by federal law, such as the right to get a copy of your medical records and the right to keep them private. Medical ethics competency should include familiarity about certain states which have their own versions of a bill of rights for patients. Additionally, a patient's rights and responsibilities under the Affordable Care Act are found on

the HealthCare.gov website: <https://www.healthcare.gov/health-care-law-protections/rights-and-protections/>

Examples of Patient Rights:

- The Right to Appropriate Medical Care and Humane Treatment
- The Right to Informed Consent
- The Right to Privacy and Confidentiality
- The Right to Information
- The Right to choose a Health Care Provider and Facility
- The Right to Self-Determination
- The Right to Religious Belief
- The Right to Medical Records
- The Right to Refuse Treatment
- The Right to make decision about End-of-Life Care

Category 7.5 Professional Boundaries

7.5.1 The Ayurvedic professional is familiar with the NAMA Code of Ethics.

7.5.2 The Ayurvedic professional should know about in the Doctor-Patient/Client Relationship providing a framework for healthy relationships between healthcare providers and clients. These include physical and emotional limits that protect the client's vulnerability.

Section 8 : Business Skills

Category 8.1 Familiarity with the following areas related to business skills:

a. Strategic Planning: The Āyurvedic professional can create an overarching business plan to include a mission statement consistent with Āyurvedic principles. The Āyurvedic professional can apply the principles of the NAMA Code of Ethics in the business and professional environment.

b. Leadership: The Āyurvedic professional will demonstrate leadership competence to support the honorable traditions of Āyurveda.

c. Financial: The Āyurvedic professional has developed the financial skills to run their practice ethically and accurately.

d. Accounting: The Āyurvedic professional has developed the skills to understand the accounting needs of the business and oversee or hire appropriate professionals as necessary to ensure accurate financial reporting.

e. Management Practices: The Āyurvedic professional will be familiar with the art of management, marketing, and advertising as a key component of any organization.

f. Legal: As a foundation of any ethical business, the Āyurvedic professional will know the importance of being compliant with all current legal requirements related to the practice.

END OF EDUCATIONAL COMPETENCIES OF AYURVEDIC DOCTOR

Definitions of levels of educational competency:

The following terms are used to describe the level of educational knowledge required for each competency category.

Familiarity: introductory knowledge of a subject sufficient to bring awareness to the existence and central essence of that subject and for the student to know when further knowledge is required for the practice of Ayurveda.

Basic Knowledge: has acquired an overview of the broad principles of a subject, including a general awareness of its relevance to and/or potential use in the practice of Ayurveda.

Knowledge: an understanding of all aspects of a subject and its specific applications to the practice of Ayurveda.

In-Depth Knowledge: through study and practicum, has acquired a confident, in-depth knowledge of a subject and its multiple applications as well as its potential limitations in the practice of Ayurveda.

Demonstrated Ability shows the ability to undertake particular tasks and exhibits the application of knowledge specific to the practice of Ayurveda.

Appendix 9: Self-Study Guide

The Self-Study Guide is designed: (i) to assist programs seeking initial accreditation or reaccreditation in the self-study process, and (ii) to provide guidelines for the content and format of the self-study report. The guide is intended to help focus a program's self-study process upon the Commission's eight accreditation standards and applicable policies, as presented in the AAC Handbook of Accreditation. The Commission encourages each program to develop a self-study process that best fits the needs and circumstances of the program within the parameters set forth in the guide.

Although the self-study process is unique to each program, the self-study report must at a minimum address each of the Commission's accreditation standards and applicable policies, and must be organized into sections or chapters as follows:

Organization of the Self-Study Report

A self-study report is organized according to the following chapters/sections:

1. Table of Contents
2. Introduction: Background and History
3. Accreditation Standard I: Mission
4. Accreditation Standard II: Organization and Administration
5. Accreditation Standard III: Faculty
6. Accreditation Standard IV: Program of Study
7. Accreditation Standard V: Assessment
8. Accreditation Standard VI: Admissions and Student Services
9. Accreditation Standard VII: Finances
10. Accreditation Standard VIII: Facilities and Equipment
11. Compliance with NAMAC Policies
12. Summary of Plans and Recommendations for Future Development

Self-Study Process

The self-study process is at the core of the accreditation process. It is a deep and comprehensive self-analysis of the educational resources and effectiveness of the program in relation to the program's mission and educational objectives, carried out in the context of the Commission's accreditation standards. This self-analysis involves all key stakeholder groups of the program (including faculty, administrators, students, etc.), and those aspects of the program's operation that support and impact the program.

The self-study process consists of three components: (1) efforts/research (e.g., through meetings, surveys, focus groups, review of documents, etc.) to gather comprehensive

information from program stakeholders and other sources about the program's operations, resources, faculty, students, curriculum, services, and activities as they relate to the program's performance with respect to its mission and objectives and to the Commission's accreditation standards; (2) an in-depth self-assessment/evaluation—based on the information gathered—of the program's present and anticipated future outcomes in terms of short- and long-range achievement of its mission and objectives, as well as the degree to which it meets the Commission's accreditation standards, and (3) formulation of plans and recommendations for changes to the program in order to more effectively realize the mission, ensure compliance with AAC standards, and improve the educational experience and success of students. The product of the self-study process, the self-study report, is the central document in the accreditation process.

Structure of the Self-Study Process and the Self-Study Report

Self-Study Orientation with AAC Executive Director

The program chief administrator and/or self-study coordinator arranges a conference call meeting with the Commission's Executive Director. During this meeting, the Commission's Executive Director provides an orientation to the self-study process and program attendees have an opportunity to ask questions. The primary purpose of the orientation is to ensure that the program has the background information it needs to engage in an effective self-study process and to produce a self-study report that meets the Commission's requirements.

This orientation normally takes place very early in the process, soon after the program achieves Candidacy status. A plan is discussed regarding ongoing structured support provided to the program by AAC.

Outline of a Self-Study Report

As noted above, the self-study report should be organized into the following sections or chapters: table of contents, introduction, eight chapters that address the eight AAC accreditation standards, a chapter that addresses compliance with applicable AAC policies, and a summary chapter.

Table of Contents

The Table of Contents must clearly set forth the organization of the self-study report, including the individual chapters/sections in the main body of the report and sections containing appendices/supporting documents. The report editor should make sure that page numbers are accurate.

Introduction

The Introduction of the self-study report provides a brief background and history of the school/institution and the program, including information on the program's authorization to operate and applicable accreditation(s). This chapter must incorporate a description of the process the program used for self-study, including the names and affiliations of each person who served on each self-study committee and any other pertinent information on the self-study process that would be helpful in orienting the reader.

Eight Chapters on the Eight Accreditation Standards

The self-study report must include a chapter on each of the eight accreditation standards. Each of these chapters must be presented from four perspectives: (1) a description of the program's current operation, structure, process or activity in relation to the requirements contained in the accreditation standard, (2) a self-appraisal of that area of the program in relation to the program's mission and educational objectives and the accreditation standard, (3) the plans and recommendations for future development and improvement of that area of the program, and (4) a list of material appended to the report that provide evidence of compliance with the accreditation standard.

Description of Current Status

The description must accurately and thoroughly address the current operations, structures, processes, resources and/or activities of the program in relation to each accreditation standard, the programmatic mission and, where applicable, student outcomes.

Self-Appraisal of Current Status

In the appraisal, the program presents the results of the careful analysis and evaluation of the effectiveness of the curriculum, faculty, operations, activities, institutional structures, and processes, etc., in regard to specific areas—with attention to both achievements and weaknesses/problems. This critical self-assessment is a primary internal activity of the self-study process to which the site visit team and the Commission will pay close attention, as these judgments provide significant insight into the internal planning and management of the program's resources to achieve its mission and educational objectives, meet the accreditation standards, and achieve specified student outcomes.

Plans and Recommendations for Future Development

Having described and appraised its practices in each area in the context of a specific accreditation standard, the program is asked to state its plans/recommendations for future development—indicating recommendations or plans to build upon the program's strengths in this area and plans to correct any identified weaknesses/problems. Plans/recommendations should be succinct, realistic, and specific; tied to the specific findings identified in the description and appraisal sections of the report; and referenced to a realistic timeline for accomplishment.

Materials to Be Appended to the Report

Specific documents/materials are required to support the content of each chapter. Additionally, the program may include other materials it considers relevant to the narrative. The program should be mindful in selecting supporting materials, and to excerpt relevant sections of longer documents, so as to keep the overall report length reasonable and manageable—both for the sake of the program and the individuals responsible for reviewing the report.

Compliance with AAC Policies

In addition to the accreditation standards, the AAC Handbook of Accreditation publishes two policies that a program must observe: Policy 5 (“Representation of a Program’s Relationship with the Commission”) and Policy 6 (“Record of Student Complaints”). In this chapter of the self-study report, the program must describe and document how it complies with these two policies.

Summary

In this final chapter of the self-study report, the program should bring together all the plans and recommendations from each of the preceding chapters and present them in summary form for its own use and for review by the site team. This summary of the program’s plans and recommendations for the future should correlate with the program’s assessment regarding its strengths and weaknesses as noted in the body of the report, and should be presented and considered in two ways: (1) summarizing the plans/recommendations from each of the eight chapters corresponding to the accreditation standards, and (2) synthesizing and prioritizing the plans/recommendations from all eight chapter into a realistic timeline for implementation that takes into account the current and anticipated financial and human resources of the program. The summary should also describe the program’s ongoing structure for long-range planning that includes projected resource allocations.

Format of the Self-Study Report

In the spirit of achieving a good balance between thoroughness and brevity—and to promote clarity—the Commission recommends the following formatting suggestions for self-study reports:

- The body of the report should be double-spaced.
- Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11-point in size.
- Report pages should be numbered, and there should be a table of contents for the report.
- Tabs or some other system must be used to indicate the location of chapters and appendices.
- Whenever the report references information contained in a document placed in an appendix, the report should specify the relevant page numbers of the document.

Requirements for Submission of Report Copies

The program is required to submit a draft version of the self-study report for preliminary review by the Commission's Executive Director and members of a review committee. Within 60 days of submission of the draft self-study report, the Executive Director will inform the program whether the review committee has found the draft report to be complete and fully responsive, or whether the program is required to add to or revise the report in order to ensure completeness and responsiveness.

The program is required to submit a final version of the self-study report that takes into account any feedback from the review committee as an electronic copy to the Executive Director.

Failure to Submit an Acceptable Self-Study Report in a Timely Manner

The Commission's accreditation process depends in great part upon the quality of the self-study reports submitted by AAC-accredited programs and programs seeking accreditation—their completeness, responsiveness, accuracy, and depth of analysis. As noted above, the Commission's Executive Director and a review committee will review the draft self-study report submission for deficiencies and inform the program of any areas that must be revised or augmented in the final report. If the program demonstrates persistent inability to provide an acceptable self-study report, the Commission has discretion to impose a sanction in accordance with its policies.

REQUIRED MATERIALS AND QUESTIONS FOR REFLECTION

THIS SECTION IS UNDER DEVELOPMENT AND THE INFORMATION PRESENTED HERE IS SUBJECT TO CHANGE

STANDARD I: MISSION

REQUIRED APPENDICES FOR SELF-STUDY REPORT

A copy of the institutional mission, programmatic mission and learning outcomes/objectives. Documentation that demonstrates periodic review and, as applicable, approval of mission and objectives (e.g., samples of meeting minutes).

STANDARD II: ORGANIZATION AND ADMINISTRATION

REQUIRED APPENDICES FOR SELF-STUDY REPORT

Documentation from relevant agencies demonstrating degree authorization for the program and regional accreditation for the institution.

An organization chart or charts that outline the administrative structure of the institution and the Ayurvedic medicine program, and that show how the program administration relates to the institutional administration.

Position description for the dean/chief academic officer of the program (i.e., the person responsible for leading the program).

CV/résumé for the dean/chief academic officer of the program.

Personnel/employee handbook(s)/manual(s).

Position descriptions for senior program administrative staff.

CVs/résumés for senior program administrative staff.

STANDARD III: FACULTY

REQUIRED APPENDICES FOR SELF-STUDY REPORT

A list of the faculty members who teach in the program, including educational credentials; rank; full-time, part-time, or adjunct status; and number of years at the institution.

Faculty handbook (or comparable publication).

Any other personnel or policy manuals pertaining to faculty.

CV's/résumés of all program faculty.

List of faculty load/course assignments for the current academic year.

Faculty senate meeting minutes for the current and previous academic year.

Committee meeting minutes for the current and previous academic year.

Copies of forms used for faculty evaluation.

Examples of faculty development offerings and activities.

STANDARD IV: PROGRAM OF STUDY

REQUIRED APPENDICES FOR SELF-STUDY REPORT

An outline of the program curriculum, if different from that appearing in the catalog.

Any diagrams or charts that illustrate the integration or flow of the curriculum.

A copy of the clinic manual (or similar publication), if applicable.

All course syllabuses.

Policies and documentation related to any off-site clinical experiences, if applicable.

Copies of affiliation agreements with any off-site clinical training facilities, if applicable.

STANDARD V: ASSESSMENT

REQUIRED APPENDICES FOR SELF-STUDY REPORT

A copy of the program's assessment policy or plan

Examples of a variety of assessment tools used by the program.

Program completion rates for the last five years.

Information/data gathered on the professional activities and success of graduates of the program during the last five years.

STANDARD VI: ADMISSIONS AND STUDENT SERVICES REQUIRED

APPENDICES FOR SELF-STUDY REPORT

Student handbook (or comparable publication).

Institutional and program catalogs.

Statistics on students and graduates for the last five years, including number of applicants, admitted students, and graduated students, as well as available demographic information on the student body (e.g., breakdown by gender, age, race, ethnic origin).

Examples of print advertisements, brochures, and other marketing materials, particularly those related to student admissions.

Financial aid policies and information on financial aid that is available to students.

STANDARD VII: FINANCES

REQUIRED APPENDICES FOR SELF-STUDY REPORT

The program budget for the current fiscal year, including budget assumptions.

STANDARD VIII: FACILITIES AND EQUIPMENT

REQUIRED APPENDICES FOR SELF-STUDY REPORT

None required.