

a device made of wood, plastic, metal or components thereof, with wheels, ridden, as down and incline, usually in a standing position. It may or may not be motorized.

[Statutory Authority: RCW 28B.19.050 and 28B.35.120(12). 88-11-066 (Order 63), § 106-116-853, filed 5/18/88.]

**WAC 106-116-856 Skateboard regulations.** Skateboards may not be used on campus.

[Statutory Authority: RCW 28B.19.050 and 28B.35.120(12). 88-11-066 (Order 63), § 106-116-856, filed 5/18/88.]

**WAC 106-116-859 Enforcement.** A skateboard user who refuses to abide by these regulations will be asked to leave the campus. Refusal to obey will subject the person to being cited for trespass under the provisions of chapter 9A.52 RCW.

If the user is a student, the student will be asked to remove the skateboard from use on campus. If the student refuses, a proceeding may be initiated under chapter 106-120 WAC, the student judicial code.

[Statutory Authority: RCW 28B.19.050 and 28B.35.120(12). 88-11-066 (Order 63), § 106-116-859, filed 5/18/88.]

**WAC 106-116-901 Bicycle parking and traffic regulations.** (1) The primary aim of the bicycle control program is safety, and this aim will be achieved by keeping bicycles out of buildings, away from building exits, and parking them off paths and sidewalks. Bicycles must never be parked in stairwells, hallways, or any place which will be a safety hazard or hinder exit from buildings.

(2) Bicycles must be parked in racks. At times, rack space may not be available and parking near the racks is permitted provided the parked bicycles do not interfere with pedestrian traffic.

(3) The following specific regulations must be observed while operating bicycles on campus:

(a) Do not ride bicycles inside buildings at any time.  
(b) Do not lean or park bicycles near or against windows.

(c) Pedestrians have the right of way on all malls and sidewalk areas of the university. At all times and places of congested pedestrian traffic, the bicycle rider must go slowly and yield to pedestrians. A violation of this provision shall constitute a moving violation and shall be referred directly to the court of the judge of the Lower Kittitas County district court.

(d) Bicyclists must observe the 5 m.p.h. speed limits on malls and service drives.

(e) Bicyclists must ride in designated lanes where they exist.

(4) Impoundment policy:

(a) Bicycles parked on paths, sidewalks, in buildings or near building exits may be impounded, except in areas adjacent to residence halls, or as otherwise permitted and designated by the director of housing as bike storage rooms. Bicycles left over 72 hours may be impounded.

(b) Impounded bicycles will be stored in a location determined by the chief of campus safety. Bicycles will be released at specific times and upon presentation of proof of ownership. Owners of impounded bicycles, if

identifiable, will be notified immediately upon impoundment and must reclaim the bicycle within seven days.

(c) Abandoned, lost or found bicycles that have been impounded shall be subject to sale in accordance with the laws of the state of Washington.

[Statutory Authority: RCW 28B.19.050 and 28B.35.120(12). 88-11-066 (Order 63), § 106-116-901, filed 5/18/88. Statutory Authority: RCW 28B.19.050 and 28B.35.120. 81-22-051 (Order 47), § 106-116-901, filed 11/3/81; 81-08-010 (Order 46), § 106-116-901, filed 3/23/81; 80-11-027 (Order 45), § 106-116-901, filed 8/14/80. Statutory Authority: RCW 28B.19.050 and 28B.40.120. 78-02-023 (Order 37), § 106-116-901, filed 1/13/78; Order 24, § 106-116-901, filed 7/30/75; Order 15, § 106-116-901, filed 8/17/73.]

## Title 113 WAC

### CHIROPRACTIC DISCIPLINARY BOARD

#### Chapter

#### 113-12 Board rules--Generally.

#### Chapter 113-12 WAC

#### BOARD RULES--GENERALLY

#### WAC

113-12-087	Intravaginal adjustment restricted.
113-12-100	Repealed.
113-12-101	Billing.
113-12-103	Radiographic standards.
113-12-115	Acupuncture.
113-12-150	Ethical standards--Prohibited publicity and advertising.
113-12-195	Full disclosure of cost of services.
113-12-197	Improper billing practices.
113-12-200	Scope of practice--Revocation or suspension of license authorized for practice outside scope.
113-12-220	Records and x-rays and withdrawal from practice--Maintenance and retention of patient records.
113-12-230	Duties of a chiropractor who retires or withdraws from practice.
113-12-300	Mandatory reporting definitions.
113-12-310	Mandatory reporting.
113-12-320	Chiropractic associations or societies.
113-12-330	Insurance carriers.
113-12-340	Professional liability carriers.
113-12-350	Courts.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

113-12-100	Billing. [Statutory Authority: RCW 18.26.110. 88-02-037 (Order PM 690), § 113-12-100, filed 12/31/87; 84-01-054 (Order PL 453), § 113-12-100, filed 12/16/83; Order PL-125, § 113-12-100, filed 6/2/72.] Repealed by 89-01-017 (Order PM 806), filed 12/9/88, effective 2/1/89. Statutory Authority: RCW 18.26.110.
------------	---

**WAC 113-12-087 Intravaginal adjustment restricted.** It shall be considered unprofessional conduct for a chiropractor to perform an adjustment of the coccyx through the vagina unless the following conditions are met:

(a) The coccyx cannot be adjusted rectally or the patient is offered and declines the option of the rectal technique;

(b) The coccyx adjustment is performed with the use of a disposable finger cot or rubber glove; and,

(c) A female attendant is present at all times the patient is examined and the coccyx adjustment is being performed.

[Statutory Authority: RCW 18.130.050(1), 87-05-064 (Order PM 640), § 113-12-087, filed 2/18/87.]

**WAC 113-12-100 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 113-12-101 Billing.** (1) A chiropractor shall bill for examination, adjustment, or other therapeutic services utilizing the levels of service described below. When necessity is substantiated by documented subjective complaints, if any, objective findings, and when not a routine part of the chiropractor's examination or treatment procedures, board-approved chiropractic procedures which are preparatory to and/or complementary to the adjustment may be used in combination with the adjustment, or when adjustment is precluded by adequate clinical justification.

A chiropractor whose billing does not conform to these specified levels of service, or whose case records do not contain adequate documentation of subjective complaints, if any, objective findings to justify the level and type of service billed for, shall be considered engaging in unprofessional conduct.

(a) Complementary procedures defined: Those chiropractic services, performed by or at the direction of the chiropractor, which initiate or complete the process intended to normalize joint function, decrease muscle spasm, reduce edema or inflammation, increase joint mobility, increase soft tissue flexibility, reduce pain, and maximize the integrity of the fibrosis of repair.

Complementary procedures shall include the application of manual spinal traction, massage, neuromuscular rehabilitation, muscle stretch techniques, fitting of necessary spinal orthoses, heel lifts, and/or manual muscle goading techniques including trigger point therapy and transverse friction massage.

(b) Preparatory procedures defined: Those chiropractic services, which may not require the attendance of the chiropractor or his assistant, which induce local or general relaxation, decrease muscle spasm, increase circulation, reduce edema or inflammation, and in other ways prepare the patient.

Preparatory procedures shall include the application of spinal traction, intersegmental mobilization, heat, light, and/or cold.

(c) Complementary teaching procedures defined: Those complementary chiropractic teaching services, performed by or at the direction of the chiropractor, which train the patient in proper or improved methods of performing activities of work, posture, ambulation, or daily living.

Complementary teaching procedures shall include dietary advice, gait training, posture training, exercise training, body mechanics, ergonomic considerations, or instruction in the activities of daily living.

(2) The necessity and rationale for examination, x-rays, or other diagnostic procedures, must be supported by documentation in the patient record of subjective complaints, if any, objective findings and assessment.

(3) Levels of service for chiropractic care:

(a) Brief level of service. A level of service requiring documentation of an abbreviated history and/or examination supported by subjective complaint, if any, objective findings, the assessment, and plan for care. This level of service may consist of interprofessional or intraprofessional consultation regarding the assessment and care of the patient. When adjustment is precluded by adequate clinical justification, preparatory procedures may be applied in the absence of an adjustment and billed at this level of service. Complementary teaching procedures may be applied and billed at this level of service.

(b) Limited level of service - (i.e., routine). A level of service pertaining to the evaluation of a circumscribed acute condition or the periodic reevaluation of an existing condition, with an interval history, examination, review of past care effectiveness, appropriate tests, and modification of plan for care, as indicated and supported by documentation of subjective complaints, if any, objective findings, and assessment. This level of service shall include a chiropractic spinal adjustment, unless the adjustment is precluded by adequate clinical justification. Complementary procedures (which may be accompanied by preparatory procedures) may be applied in the absence of an adjustment and billed at this level of service.

(c) Intermediate level of service. A level of service pertaining to the evaluation of a new or existing condition, complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, that necessitates obtaining and/or evaluation of pertinent history, physical findings, diagnostic tests and procedures, and/or the application of the appropriate therapeutic management as indicated and supported by documentation of subjective complaints, if any, objective findings, and assessment; or a formal patient or family conference regarding patient chiropractic management, progress, and plan. This level of service may include the application of preparatory chiropractic procedures performed in addition to a chiropractic spinal adjustment.

(d) Extended level of service. A level of service requiring an unusual amount of effort or judgment which may include detailed history, review of recorded records, examination, and/or a formal conference with patient or family, to determine the need for care, and is supported by documentation of subjective complaints, if any, objective findings, assessment, and plan for care. This level of service may include the application of complementary and/or complementary teaching chiropractic procedures, performed in addition to a chiropractic spinal adjustment.

(e) Comprehensive level of service. A level of service providing an in-depth evaluation of a patient with a new or existing problem requiring the complete evaluation of chiropractic and other health data. This procedure may include the documentation of chief complaints, present

conditions, family history, past health history, a complete chiropractic examination, to include neurologic and orthopedic findings, appropriate tests and procedures, and documentation of assessment and plan for care.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-101, filed 12/9/88, effective 2/1/89.]

**WAC 113-12-103 Radiographic standards.** The following requirements for chiropractic x-ray have been established because of concerns about over-radiation and unnecessary x-ray exposure.

- (1) The following should appear on the films:
  - (a) Patient's name and age;
  - (b) Doctor's name, facility name, and address;
  - (c) Date of study;
  - (d) Left or right marker;
  - (e) Other markers as indicated;
  - (f) Adequate collimation;
  - (g) Gonad shielding, where applicable.
- (2) Minimum of A/P and lateral views are necessary for any regional study unless clinically justified.
- (3) As clinical evidence indicates, it may be advisable to produce multiple projections where there is an indication of possible fracture, significant pathology, congenital defects, or when an individual study is insufficient to make a comprehensive diagnosis/analysis.
- (4) Each film should be of adequate density, contrast, and definition, and no artifacts should be present.
- (5) The subjective complaints, if any, and the objective findings substantiating the repeat radiographic study must be documented in the patient record.
- (6) These rules are intended to complement and not supersede those rules adopted by the radiation control agency set forth in chapter 402-28 WAC, Use of x-rays in the healing arts.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-103, filed 12/9/88, effective 2/1/89.]

**WAC 113-12-115 Acupuncture.** No chiropractor shall:

- (1) Employ the use of needles in the treatment of a patient; or
- (2) Hold himself or herself out as practicing acupuncture in any form: *Provided*, That this prohibition shall not restrict a chiropractor who is also a certified acupuncturist pursuant to chapter 18.06 RCW from practicing acupuncture, provided that the chiropractor differentiates chiropractic care from acupuncture care at all times as is required by RCW 18.26.030.

[Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-115, filed 2/18/87; Order PL 235, § 113-12-115, filed 12/31/75. Formerly WAC 113-12-110.]

**WAC 113-12-150 Ethical standards--Prohibited publicity and advertising.** (1) A chiropractor shall not, on behalf of himself, his partner, associate or any other chiropractor affiliated with his office or clinic, use or allow to be used, any form of public communications or advertising which is false, fraudulent, deceptive or misleading, including, but not limited to, such advertising

which takes any of the following forms which are prohibited:

- (a) Advertising which guarantees any result or cure;
  - (b) Advertising which makes claims of professional superiority;
  - (c) Advertising which fails to differentiate chiropractic care from all other methods of healing;
  - (d) Advertising for a service outside the practice of chiropractic as permitted in Washington.
- (2) A chiropractor shall, upon request made by the board, provide the board with substantiation of the truth and accuracy of any and all claims made in his or her advertisements.
- (3) Advertising is prohibited which offers gratuitous goods or services or discounts in connection with chiropractic services, unless the chiropractor provides a disclosure statement to be signed by the patient which explains:
- (i) When there will be a charge for goods and services;
  - (ii) When the free services have been completed and that any additional services the patient requests are subject to charge; or
  - (iii) When the discount has been exhausted and any additional services will be subject to full charge: *Provided*, That this subsection shall not be construed to relate to the negotiation of fee between chiropractors and patients or to prohibit the rendering of chiropractic services for which no fee is charged.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-150, filed 12/1/87; 84-01-054 (Order PL 453), § 113-12-150, filed 12/16/83; 80-11-043 (Order PL-352, Resolution No. 8-80), § 113-12-150, filed 8/18/80. Statutory Authority: RCW 18.26.110 (1) and (2). 79-10-099 (Order PL 315), § 113-12-150, filed 9/25/79. Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution No. 78-142), § 113-12-150, filed 4/25/78.]

**WAC 113-12-195 Full disclosure of cost of services.**

- (1) This rule will apply to all representations made in public advertising regarding the provision of chiropractic services, including x-rays or chiropractic examinations, on a free basis or at a reduced cost. This rule will also apply to all billings or other written or oral communications regarding charges for chiropractic services whether made to patients, third party health care payors, or to any other person, firm, or governmental agency.
- (2) When a chiropractic service is represented in public advertising as available without cost or at a reduced cost that service must be made available to everyone who wishes to take advantage of the offer on an equal basis. No charge may be made to any individual or third party health care payor for any services which have been provided on a free basis unless full disclosure is made.
- (3) All billings to third party payors for patients who are also being treated for an unrelated condition must fully disclose the additional treatment being provided and the charges for that treatment.
- (4) Billings to patients or to third party health care payors should accurately reflect the actual charge to the patient, including any discounts, reduced fees, or waiver of co-payment.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-195, filed 12/1/87. Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-195, filed 2/18/87. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-195, filed 11/15/84.]

**WAC 113-12-197 Improper billing practices.** The following acts shall constitute grounds for which disciplinary action may be taken:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

(3) Advertising any reduced or discounted fees for services or treatments or advertising any free services or treatments without prominently stating in the advertisement the usual fee of the licensee for the service or treatment which is the subject of the discount or free offering.

[Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-197, filed 2/18/87.]

**WAC 113-12-200 Scope of practice—Revocation or suspension of license authorized for practice outside scope.** (1) The chiropractic disciplinary board finds that over the past few years there has been an increasing number of persons licensed as chiropractors who have been practicing other healing arts while holding themselves out to the public as chiropractors to the detriment of the public health and welfare of the state of Washington and contrary to the legislative directive contained in RCW 18.26.010(5). The board further finds and deems it necessary to carry out the provisions of chapter 18.26 RCW that this rule be adopted to give guidance to members of the profession, and the public, in interpreting for purposes of application by the disciplinary board of RCW 18.26.030, the scope of health care which comes within the definition of chiropractic in RCW 18.25.005 and which is authorized under a license to practice chiropractic in the state of Washington.

(2) RCW 18.25.005 defines the term "chiropractic" for purposes of chapters 18.25 and 18.26 RCW, as that practice of health care which deals with the detection of subluxations, which shall be defined as any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances, the chiropractic procedure preparatory to, and complementary to the correction thereof, by adjustment or manipulation of the articulations of the vertebral column and its immediate articulations for the restoration and maintenance of health; it includes the normal regimen and rehabilitation of the patient, physical examination to determine the necessity for chiropractic care, the use of x-ray and other analytical instruments generally used in the practice of chiropractic: *Provided*, That no chiropractor shall prescribe or dispense any medicine or drug nor practice obstetrics or surgery nor use x-rays for

therapeutic purposes: *Provided, however*, That the term "chiropractic" as defined in this act shall not prohibit a practitioner licensed under chapter 18.71 RCW from performing accepted medical procedures, except such procedures shall not include the adjustment by hand of any articulation of the spine: *And provided further*, That nothing herein shall be construed to prohibit the rendering of dietary advice.

(3) The board finds that the following diagnostic techniques and procedures, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25.005, and, consequently, a license to practice chiropractic does not authorize their use:

(a) The use of x-rays or other forms of radiation for any other reason than to x-ray the human skeleton.

(b) The use of any form of electrocardiogram.

(c) The testing and reduction to mathematical formulae of sputum and/or urine (commonly known as "Reams" testing).

(d) Hair analysis.

(e) The use of a vasculizer or plethysonograph (commonly known as plethysmography) except for research purposes.

(f) The use of iridology.

(g) The taking of blood samples.

(h) Female breast examinations.

The above list is not to be considered exhaustive or to limit the board in any way from finding under the statutory definition in RCW 18.25.005 that any other diagnostic technique or procedure is outside the scope of chiropractic practice.

(4) The board finds that the following treatment modalities, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25.005 and, consequently, a license to practice chiropractic does not authorize their use:

(a) Ultrasound, diathermy, high voltage galvanic therapy and x-rays or other radiation.

(b) Colonic irrigation.

(c) Extremity adjusting.

(d) Electrotherapy.

(e) The use of a transcutaneous electrical nerve stimulator (TENS).

(f) The use of the endonasal technique.

(g) The use of any type of casting other than light body casting.

(h) The use of meridian therapy, whether known as "acupressure," or the same type of therapy under any other names.

(i) The use of hypnosis for any other than relaxation purposes.

(j) The use of clinical herbology.

The above list is not to be considered exhaustive or to limit the board in any way from finding under the statutory definition in RCW 18.25.005 that any other treatment modalities are outside the scope of chiropractic practice.

(5) The use by a chiropractor of diagnostic techniques or procedures or treatment modalities which are outside

the definition of chiropractic in RCW 18.25.005, whether or not listed in this rule, or the use by a chiropractor of any of the diagnostic techniques and procedures listed in subsection (3) of this section or the use by a chiropractor of any of the treatment modalities listed in subsection (4) of this section shall constitute unprofessional conduct under RCW 18.130.180(12) which shall be good and sufficient cause for revocation or suspension of that chiropractor's license to practice chiropractic in Washington.

[Statutory Authority: RCW 18.26.110. 88-17-100 (Order PM 765), § 113-12-200, filed 8/23/88; 87-24-064 (Order PM 693), § 113-12-200, filed 12/1/87. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-200, filed 11/15/84. Statutory Authority: RCW 18.26.110. 81-13-002 (Order PL 380), § 113-12-200, filed 6/4/81.]

**WAC 113-12-220 Records and x-rays and withdrawal from practice—Maintenance and retention of patient records.** (1) Any chiropractor who treats patients in the state of Washington shall maintain all treatment records regarding patients treated. These records may include, but shall not be limited to treatment plans, patient charts, patient histories, correspondence, financial data, and billing. These records shall be retained by the chiropractor for five years in an orderly, accessible file and shall be readily available for inspection by the chiropractic disciplinary board or its authorized representative: *Provided*, That x-rays or copies of records may be forwarded pursuant to a licensed agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

(2) A chiropractor shall honor within fifteen days a written request from an adult patient or their legal representative or that of a minor child to release original x-rays on a loan basis to other licensed health care providers or the chiropractor may provide duplicate films and may charge the patient reasonable duplication costs. Once the original films have been loaned at patient request, the chiropractor is no longer responsible for them, nor for their retrieval or subsequent production.

A chiropractor who has received original x-rays on a loan basis shall return them to the loaning chiropractor within sixty days unless other arrangements are made.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-220, filed 12/9/88, effective 2/1/89.]

**WAC 113-12-230 Duties of a chiropractor who retires or withdraws from practice.** Any chiropractor who ceases practice in his or her community for any reason, including retirement, illness, disability, or relocation shall comply with the following duties:

(1) The chiropractor shall notify all current patients that he or she will not be able to provide chiropractic services and shall notify the patient to seek another chiropractor to continue their care.

(2) The chiropractor shall offer to deliver to the patient, or to another chiropractor or licensed health care professional chosen by the patient, the originals or copies

of all patient examination and treatment records and x-rays or notify the patient of a community area location where the records and x-rays will be maintained and accessible for at least one year after the notice is sent to the patient.

(3) The chiropractor shall refund any part of fees paid in advance that have not been earned.

(4) The board requests that the executor or executrix of a deceased chiropractor comply with the duties set forth herein to the fullest extent possible. The board staff will provide advice and assistance to such executor or executrix upon request.

(5) For the purpose of this section, any relocation or restriction of practice which substantially interferes with a patient's reasonable access to his or her chiropractor should be cause for the chiropractor to comply with the duties set forth.

(6) Willful failure to comply with this section shall be cause to suspend a chiropractor's license until the required duties are fulfilled.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-230, filed 12/9/88, effective 2/1/89.]

**WAC 113-12-300 Mandatory reporting definitions.**

(1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180 and 18.26.030.

(2) "Board" means the chiropractic disciplinary board, whose address is:

Department of Licensing  
Professional Programs  
Management Division  
P.O. Box 9012  
Olympia, WA 98504-8001

(3) "Chiropractor" means a person licensed pursuant to chapter 18.25 RCW.

(4) "Mentally or physically disabled chiropractor" means a chiropractor who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice chiropractic with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-300, filed 12/1/87.]

**WAC 113-12-310 Mandatory reporting.** (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone numbers of the chiropractor being reported.

(c) The name of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-310, filed 12/1/87.]

**WAC 113-12-320 Chiropractic associations or societies.** The president or chief executive officer of any chiropractic association or society within this state shall report to the board when an association or society determines that a chiropractor has committed unprofessional conduct or that a chiropractor may not be able to practice chiropractic with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-320, filed 12/1/87.]

**WAC 113-12-330 Insurance carriers.** The executive officer of every insurer, licensed under Title 48 RCW operating in the state of Washington, shall report to the board any evidence that a chiropractor has charged fees for chiropractic services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-330, filed 12/1/87.]

**WAC 113-12-340 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to chiropractors shall send a complete report of any malpractice settlement, award or payment over thirty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured chiropractor's incompetency or negligence in the practice of chiropractic. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetency or negligence in the practice of chiropractic regardless of the dollar amount of the payment.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-340, filed 12/1/87.]

**WAC 113-12-350 Courts.** The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all criminal convictions of licensed chiropractors, other than for minor traffic violations.

[Statutory Authority: RCW 18.130.070. 87-24-064 (Order PM 693), § 113-12-350, filed 12/1/87.]

## Title 114 WAC CHIROPRACTIC EXAMINERS, BOARD OF

**Chapter  
114-12 Approval of chiropractic colleges and symposiums.**

### Chapter 114-12 WAC APPROVAL OF CHIROPRACTIC COLLEGES AND SYMPOSIUMS

WAC	
114-12-041	Colleges—Educational standards required for accreditation.
114-12-125	Examinations—National board partial waiver.
114-12-131	Repealed.
114-12-132	Chiropractic examination scores.
114-12-136	Chiropractic fees.
114-12-160	Continuing chiropractic education—Guidelines for symposium approval.
114-12-170	License renewal—Affidavit of compliance with continuing education requirements.
114-12-200	AIDS prevention and information education requirements.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

114-12-131	Chiropractic examination—Limitation. [Statutory Authority: RCW 18.25.017 and 18.25.070. 80-11-073 (Order PL 355), § 114-12-131, filed 8/20/80.] Repealed by 87-24-063 (Order PM 692), filed 12/1/87. Statutory Authority: RCW 18.25.017.
------------	--

**WAC 114-12-041 Colleges—Educational standards required for accreditation.** (1) Objectives – the college shall: Have clearly defined objectives.

(2) Administration and organization – the college shall:

(a) Be incorporated as a nonprofit institution and recognized as such by its state of domicile.

(b) Have full-time administrator.

(c) Have either a president or a dean of education with a doctor of chiropractic degree.

(d) Adopt policy of nondiscrimination as to national origin, race, religion, or sex.

(3) Educational offerings – the college shall:

(a) Provide educational offerings which prepare the student for successfully completing licensing examination and engaging in practice.

(b) Offer an educational program with a minimum of 4,000 in-class hours provided over a four year academic term.

(c) Have available syllabi for all courses.

(d) Offer chiropractic curriculum as follows: Principles of chiropractic – 200 in-class hours; adjunctive technique – 400 in-class hours; spinal roentgenology – 175 in-class hours; symptomatology and diagnosis – 425 in-class hours; clinic – 625 in-class hours.

(e) Offer at least 120 of the hours required for the study of "principles of chiropractic" hours as the study of chiropractic philosophy, which shall be defined as the commonly held tenets which provide the basis for chiropractic as a separate and distinct form of practice.