

DEPARTMENT OF REGULATORY AGENCIES

Board of Chiropractic Examiners

CHIROPRACTIC EXAMINERS RULES AND REGULATIONS

3 CCR 707-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

1.1 Inactive License Status

- A. Inactive status requires that the licensee not engage in the practice of chiropractic within the State of Colorado. The inactive licensee shall pay the renewal fee set by the Board. Such inactive status shall be noted on the face of the license issued.
- B. While on inactive status, the licensee need not complete continuing education requirements. However, to reactivate an inactive license, the licensee shall comply with provisions in section 12-20-202, C.R.S. and the following:
 - 1. Any chiropractor whose application for reactivation indicates that they have been in active practice or teaching in another state which has a comparable continuing education requirement shall submit proof of fulfillment of the continuing education requirements of the other state.
 - 2. If the chiropractor has been in active practice or teaching in a state that has no comparable continuing education requirement, the chiropractor shall submit proof of completing fifteen hours of continuing education as defined in Rule 1.8.
- C. Any chiropractor whose application for reactivation indicates that they have not been in active practice or teaching during the period of time in which their license has been inactive shall document fifteen hours of continuing education completed within the previous year.
- D. Any chiropractor applying for reactivation shall submit proof, in a manner approved by the Board, that a chiropractic license held in any other state or jurisdiction is presently in good standing.
- E. Any chiropractor applying for reactivation may be required, at the discretion of the Board, to take the appropriate national examination.

1.2 Reinstatement of an Expired License

- A. An applicant seeking reinstatement of an expired license shall complete the reinstatement application and pay the reinstatement fee.
- B. The Board may deny an applicant for reinstatement upon a finding that the applicant has violated provisions of the Chiropractic Practice Act or rules and regulations.
- C. If the license has been expired for more than two years, the applicant will have to establish competency to practice under section 12-20-202(2), C.R.S.

- D. For the purposes of section 12-20-202(2), C.R.S., successful completion of the Special Purposes Chiropractic Examination offered by the National Board of Chiropractic Examiners demonstrates that the applicant has retained the qualifications equivalent to this state's requirements for licensure.

1.3 Professional Liability

- A. A chiropractor who qualifies for one of the following categories is exempt from the professional liability requirements outlined in section 12-215-114, C.R.S.:
1. A chiropractor who performs chiropractic services exclusively as an employee of the United States government.
 2. A chiropractor who holds an inactive license.
 3. A chiropractor who provides uncompensated chiropractic care and who does not otherwise engage in any compensated patient care whatsoever, provided patients sign written, informed consent that the chiropractor is not carrying professional liability insurance.
 4. A chiropractor who holds an active license and does not engage in any patient care whatsoever in the state of Colorado.
 5. A chiropractor who provides services for the Olympic Training Center as long as the chiropractor is covered under professional liability required by the Olympic Training Center with the minimal amounts required for a chiropractor licensed in Colorado.
- B. The professional liability insurance must cover all acts within the entire legal scope of practice defined in section 12-215-103, C.R.S. Coverage for the following is required only if the licensee is authorized to perform such acts:
1. Acupuncture
 2. Electrotherapy
 3. Animal Chiropractic
- C. Professional liability insurance shall remain in effect without a lapse in coverage. Licensees shall notify the Board when professional liability insurance policy lapses, and immediately cease the practice of chiropractic until such time that professional liability insurance is reinstated or obtained.

1.4 Reporting Criminal Convictions, Judgments, and Administrative Proceedings

- A. A licensee shall inform the Board, in the manner set forth by the Board in this Rule, within sixty days of any judgment, award or settlement of a civil action or arbitration in which there was a final judgment, award, or settlement for malpractice of chiropractic.
- B. A licensee shall inform the Board, in the manner set forth by the Board in this Rule, within sixty days of any of the following events:
1. The conviction of a felony under the laws of any state or of the United States, or a crime related to the practice of chiropractic. A guilty verdict, a plea of guilty, a plea of nolo contendere, or the imposition of a deferred sentence accepted by the court is considered a conviction;

2. A disciplinary action imposed by another jurisdiction that registers or licenses chiropractors including, but not limited to, a citation, sanction, probation, civil penalty, or a denial, suspension, revocation, or modification of a license or registration whether it is imposed by consent decree, order, or in some other manner, for any cause other than failure to pay a license or registration fee by the due date or failure to meet continuing professional education requirements;
 3. Revocation or suspension by another state board, municipality, federal or state agency of any health services related license or registration, other than a license or registration as a chiropractor;
- C. The notice to the Board shall include the following information:
1. If the event is an action by a governmental agency:
 - a. The name of the agency,
 - b. Its jurisdiction,
 - c. The case name,
 - d. The docket, proceeding, or case number by which the event is designated, and
 - e. A copy of the consent decree, order, or decision.
 2. If the event is a conviction of a crime described above:
 - a. The court,
 - b. Its jurisdiction,
 - c. The case name,
 - d. The case number,
 - e. A description of the matter or a copy of the indictment or charges,
 - f. Any plea or verdict accepted or entered by the court, and
 - g. A copy of the imposition of sentence related to the conviction and the completion of all terms of the sentence;
 3. If the event concerns a civil action or arbitration proceeding
 - a. The court or arbitrator,
 - b. The jurisdiction,
 - c. The case name,
 - d. The case number,
 - e. A description of the matter or a copy of the complaint or demand for arbitration, and

- f. A copy of the verdict, the court decision or arbitration award, or, if settled, the settlement agreement and court's order of dismissal.
- D. The licensee notifying the Board may submit a written statement with the notice to be included with the licensee's records.
- 1.5 [Repealed eff. 12/01/2009]**
- 1.6 Electrotherapy Authority**
- A. Electrotherapy/Physiotherapy certification is required prior to any licensee practicing electrotherapy/physiotherapy. Physiotherapy as used in these rules includes the theory, principles, and use of standard recognized physiotherapy equipment and procedures.
- B. To receive certification, the chiropractic applicant shall present evidence of the following:
 - 1. Successful completion of a course of not less than one hundred twenty classroom hours in the subject taught by a school having status with the Council on Chiropractic Education or a Board approved program; or
 - 2. Passing a nationally recognized examination.
- C. A clinical component must be present in the coursework to teach and demonstrate competency in the clinical applications of electrotherapy/physiotherapy.
- D. Electrotherapy
 - 1. In the practice of chiropractic, the implementation of electrotherapy as referenced in section 12-215-103, C.R.S., may include, but is not limited to:
 - a. Diagnostic, functional or psychometric patient assessment/evaluation, designed to facilitate the evaluation, administration and modification of patient care and/or case management.
 - b. Patient and/or social, educational or consultation considerations designed to educate the audience as to the nature, incidence and effects of conditions falling within the scope of the Chiropractic Practice Act.
 - 2. Electrotherapy, including physiotherapy, includes but is not limited to:
 - a. Heat.
 - b. Cold.
 - c. Sound.
 - d. Air.
 - e. Electricity.
 - f. Light.
 - g. Compression.
 - h. Vibration.

- i. Topical, homeopathic and/or herbal agents (e.g., analgesic, anti-inflammatory, healing, astringent, antiseptic, etc.) if used in conjunction with an agent listed in (a) through (h) above.
- j. Cold or soft laser for uses approved by the Food and Drug Administration.

1.7 Scope of Practice

- A. Practices that are not within the scope of chiropractic practice and invoke the duty to refer provision in section 12-215-115(1)(aa), C.R.S., include, but are not limited to:
 - 1. Treatment of the disease cancer. This does not preclude screening and diagnostic procedures for the prevention and early detection of cancer or the chiropractic treatment of other concomitant conditions that the patient may have. In addition, a qualified chiropractor may collaboratively treat cancer in conjunction with, but not replacing, drugs, surgery, or chemotherapy.
 - 2. Obstetrics.
 - 3. Surgery.
 - 4. Administration of anesthetics, with the exception of topical or over-the-counter anesthetics.
 - 5. Prescription of drugs not referenced in Rule 1.7(C).
 - 6. Hypnosis unless used as a procedure to augment the treatment of the neuromusculoskeletal system and unless the practitioner presents evidence to the Board of having obtained education in hypnosis from an accredited college or Board approved program.
- B. A chiropractor must have the knowledge, skill, ability, and documented competency to perform an act that is within the chiropractic scope of practice. Procedures with specific clinical, didactic requirements and qualifications include, but are not limited to:
 - 1. Paraspinal Surface Electromyography
 - a. Ten hours of initial training with demonstrated competency.
 - b. Procedures may be delegated to a qualified technician and must be supervised and interpreted by an on-site qualified and licensed doctor of chiropractic.
 - c. Procedures must be performed in a manner consistent with generally accepted parameters, including any relevant standards of the Center for Communicable Diseases and meet safe and professional standards.
 - 2. Surface Electromyography excluding paraspinal, Nerve Conduction Velocity (NCV) and Needle Electromyography
 - a. One hundred and twenty hours of initial clinical and didactic training with demonstrated competency in electromyography (paraspinal surface electromyography excluded).
 - b. Procedures may not be delegated to a technician and must be directly performed by a qualified and licensed doctor of chiropractic.

- c. Procedures must be performed in a manner consistent with generally accepted parameters, including clean needle techniques, and standards of the Center for Communicable Diseases and meet safe and professional standards.
- 3. Electrocardiography (EKG/ECG)
 - a. One hundred and twenty hours of initial and related clinical with didactic training and demonstrated competency in cardiac medicine.
 - b. Procedures may not be delegated to a technician and must be directly performed by a qualified and licensed doctor of chiropractic.
 - c. Procedures must be performed in a manner consistent with generally accepted parameters, including any relevant standards of the Center for Communicable Diseases and meet safe and professional standards.
- 4. Manipulation Under Anesthesia (MUA)
 - a. Thirty-six hours of didactic and clinical training, successful completion of a competency examination, and nationally recognized certification.
 - b. Professional liability insurance coverage to specifically include MUA.
 - c. Procedures must be performed in a manner consistent with generally accepted parameters and standards of practice.
 - d. Procedures shall be performed at either an ambulatory surgical center or outpatient hospital facility.
 - e. The role of the chiropractor shall be limited to the scope of chiropractic practice as defined in section 12-215-103(4), C.R.S.
- 5. Intramuscular stimulation/Dry Needling.
 - a. Dry needling is a physical intervention that uses a filiform needle to stimulate trigger points, diagnose and treat neuromuscular pain and functional movement deficits; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular or distal points and cannot be presented as acupuncture.
 - b. Dry needling as defined pursuant to this rule is within the scope of practice of chiropractic.
 - c. A chiropractor must have an electrotherapy certification, knowledge, skill, ability and documented competency to perform an act that is within the chiropractor's scope of practice.
 - d. To be deemed competent to perform dry needling, a chiropractor holding electrotherapy certification and acupuncture certification must meet the following requirements:
 - (1) Document successful completion of a dry needling course of study including a minimum of twenty-four hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.

- (2) Practiced acupuncture as a licensed chiropractor for at least two years prior to using the dry needling technique.
 - e. To be deemed competent to perform dry needling a chiropractor with electrotherapy certification but without acupuncture certification must meet the following requirements:
 - (1) Document successful completion of a dry needling course of study including a minimum of forty-six hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.
 - (2) Practiced as a licensed chiropractor for at least two years prior to using the dry needling technique.
 - f. A provider of a dry needling course of study must meet the educational and clinical requirements in dry needling of a body recognized by the US Department of Education or similar agency of a foreign country and demonstrate a minimum of two years of dry needling practice techniques. The provider is not required to be a chiropractor.
 - g. A chiropractor performing dry needling must have written, informed consent for each patient where this technique is used. The patient must sign and be given a copy of the informed consent form. The form must, clearly state the risks and benefits of dry needling.
 - h. Any dry needling performed must be clearly documented in the procedure notes, which must indicate how the patient tolerated the technique and the outcome after the procedure.
 - i. Dry needling shall not be delegated and must be directly performed by a qualified, licensed chiropractor with electrotherapy certification who meets the standards in this rule.
- C. Nutritional Remedial Measures as referenced in section 12-215-103(4), C.R.S., means that a doctor of chiropractic may administer, prescribe, recommend, compound, sell and distribute homeopathic and botanical medicines, vitamins, minerals, phytonutrients, antioxidants, enzymes, glandular extracts, non-prescription drugs, durable and non-durable medical goods and devices.
- D. Physical Remedial Measures as referenced in section 12-215-103(4), C.R.S., includes but is not limited to:
 - 1. Tests (physical, functional, mechanical, computerized).
 - 2. Exercise therapeutics (instruction, passive, active, resistive, cardiovascular).
 - 3. Work hardening.
 - 4. Gait/locomotion training.
 - 5. Manual therapies (massage, mobilization, manipulation).
 - 6. Traction.
 - 7. Postural drainage.

8. Biofeedback (when done to facilitate chiropractic care).
 9. Functional activities with or without assistive devices.
 10. Postural re-education.
 11. Physiotherapy.
- E. Patient assessment may include, but is not limited to the following:
1. Physical examination.
 2. Neurologic testing.
 3. Orthopedic testing (provocative/ functional testing).
 4. Chiropractic testing.
 5. Range of motion examination.
 6. Strength testing (manual, mechanical, computerized).
 7. Postural examination.
 8. Gait/movement analysis.
 9. Activities of daily living.
 10. Psychometric questionnaires.
 11. Nocioception.
 12. Cardiac, pulmonary, and vascular examination.
 13. Fitness examination.
 14. Work site assessment.
 15. Home assessment.
 16. Photosensitivity testing.
 17. Impairment or disability ratings.
 18. Functional capacity evaluation.
 19. Radiography and other diagnostic imaging

1.8 Continuing Education

The purpose of this Rule is to establish the continuing education requirements for a chiropractor as required in sections 12-215-113 and 127, C.R.S.

- A. Every chiropractor with an active license shall complete a minimum educational requirement of thirty hours of scientific clinics, forums, or chiropractic educational study consisting of subjects basic to the field of the healing arts as set forth in section 12-215-106, C.R.S., every renewal period, which is currently two (2) years.
- B. Every chiropractor who is registered to perform animal chiropractic shall complete twenty hours of CE per renewal period that is specific to diagnosis and treatment of animals authorized by statute. All CE courses shall be in the fields of study listed in sections 12-215-127(4) and (5), C.R.S. This requirement is in addition to the CE requirement of Section (A) of this Rule.
- C. Inactive licensees need not complete CE requirements. Upon reactivation of a chiropractic license, CE requirements must be met as outlined in Rule 1.1.
- D. Continuing education must have as its primary objective the increase of professional competence of licensed chiropractors, and include scientific clinics, forums, or chiropractic educational study consisting of subjects basic to the field of the healing arts. A licensee is responsible for ensuring that CE courses comply with the requirements and section 12-215-113, C.R.S. The Board does not pre-approve CE courses, curriculum or programs.
- E. The number of credit hours may be determined by counting the credit hours of instruction and rounding to the nearest quarter hour, except as otherwise indicated below for college/university courses. The CE conversion table for college/university courses which meet the CE requirements in this Rule is as follows:

1 semester hour = 15 CE credit hours

1 quarter hour = 8.5 CE credit hours
- F. Program sponsors shall present continuing chiropractic education that constitutes a meritorious learning experience and complies with section 12-215-113, C.R.S. If a sponsor falsified information regarding the course, the Board may require the sponsor's future courses be pre-approved.
- G. Any excess CE hours above the minimum educational requirement in any applicable renewal period may not be 'carried over' in order to meet the minimum educational requirements in any succeeding renewal period. A licensee shall only count CE hours completed for the renewal period.
- H. Each actively licensed Colorado chiropractor is required to maintain 'Health Provider Level Cardiopulmonary Resuscitation' (CPR), as provided by the American Heart Association or substantially similar nationally or internationally recognized organization. All active licensees must maintain proof of current and valid CPR certification. The hours necessary to maintain this CPR certification may be used towards the CE hours required by this Rule. The lecture component may be taken on-line or attended at a live class. The skill test component must be in-person and at a live class.

- I. If a licensee has been licensed for a period of twelve months or less before the first license renewal period, the licensee is not required to submit CE for license renewal. If a licensee has been licensed for longer than twelve months before the first license renewal period, the licensee is required to submit fifteen of the CE credit hours; recordkeeping and documentation CEs are not required to be part of this fifteen hours.
- J. Courses in the promotion of practice building or office management do not satisfy the requirements of this Rule. Courses in practices which are outside the chiropractic scope of practice do not satisfy the requirements of this Rule. At least four of the thirty required hours per renewal period shall be in recordkeeping and documentation.
- K. For every renewal period, up to ten CE hours may be obtained through distance learning programs. These may include, but are not limited to, internet education programs, CDs, DVDs, video and audio tapes. To obtain CE credit for distance learning, successful completion of a proficiency testing component is required.
- L. Licensees must maintain in their own files the following information: (1) the dates of the CE program; (2) the certificate of attendance, including the hours in attendance; (3) a synopsis of the course content; and (4) the identity of the course sponsor. These records must be kept for a period of four years.
- M. The Board may conduct a random compliance audit of renewal applicants to verify CE course content and number of hours completed. Licensees must comply with the audit process requested by the Board. If a licensee does not comply, disciplinary action for failure to comply with section 12-215-115(1)(f), C.R.S., may be considered by the Board.
- N. If any licensed chiropractor is unable to comply with this section on account of dire emergency and for good cause shown, the Board may waive the provisions of section 12-215-113, C.R.S. A licensee requesting waiver must send a written petition to the Board, outlining the reasons for the request. The licensee will be notified of the Board's decision in writing.

1.9 [Repealed eff. 12/01/2009]

1.10 [Relocated to Rule 6 eff. 05/25/2019]

1.11 Use of Credentials

- A. Only those titles authorized by statute may be used.
- B. Post-graduate degrees received from an institution accredited by the Council of Chiropractic Education or diplomate status may be used in conjunction with those titles authorized by statute.

1.12 Misleading, Deceptive, False, or Unethical Advertising

- A. Chiropractors are responsible for the content of their advertising.
- B. The following types of advertising constitute misleading, deceptive, false, or unethical advertising pursuant to sections 12-215-115(1)(h), (o) and (5):
 - 1. The misleading use of a claim regarding board certification or of an unearned or non-health degree in any advertisement or any claim that is likely to cause confusion or misunderstanding as to the credentials, education, or licensure of a healthcare professional;
 - 2. Advertising that has the effect of intimidating or exerting undue pressure;

3. Advertising that uses unsubstantiated testimonials;
 4. Advertising that creates an unjustified expectation or guarantees a cure;
 5. Advertising that offers gratuitous services or discounts in a manner that is deceiving to the public;
 6. Advertising of free or discounted x-ray services; or
 7. Advertising that is otherwise misleading, deceptive, or false.
 8. It must be clear to the public that the advertisement is from a doctor of chiropractic.
- C. At the time any type of advertisement is placed, the chiropractor must possess, scientifically valid research that would substantiate the truthfulness of any assertion, omission, or claim set forth in the advertisement. Scientifically valid research includes applied research, basic research, and field-initiated research in which the rationale, design, and interpretation are soundly developed in accordance with principles of scientific research.

1.13 Advertisement of Free or Discounted Services

- A. Advertisement by licensee of free or discounted services shall be deemed false or misleading pursuant to section 12-215-115(1)(h), C.R.S., unless:
1. Such advertising claims are truthful and detailed as to specific services provided for free or at a discounted price; and
 2. Prior to the performance of the free or discounted evaluation and the consultation regarding that evaluation, the licensee shall provide the patient with a legible typed or computer generated written prepaid treatment contract describing what services are being provided free or at a discounted price. This prepaid treatment contract description shall also indicate the price of other services which may be offered for a fee, in conjunction with the free service, but that are not included in the offer for free or discounted services. The licensee shall maintain a signed written prepaid treatment contract typed or computer generated copy in the patient's file.
- B. No separate charge shall be made for the professional evaluation of the free or discounted diagnostic tests whether such professional evaluation is made at the time of the initial office visit or at a later date.
- C. The free service or reduced fee differential shall not be billed to a third-party payer for reimbursement.
- D. Pre-paid and monthly treatment plans must include the following, in writing, signed by the patient with a copy given to the patient:
1. The total costs/fees that the patient will incur and the method and timing of payment(s),
 2. Description of what services and products are included. Any additional fees or costs must be explained to the patient in advance and recorded in the patient records.
 3. Description of the time frame or the number of treatments that the plan covers.
 4. How special circumstances such as extended absences, new injury or illness are handled.

5. Statement that there is no claim or representation of a guarantee of results, outcome, or the cure of a particular condition.
6. The pre-payment plan must include a written explanation, signed by the patient, on how the unused portion of funds are calculated, or prorated, should the patient complete care early or discontinue care due to the patient's choice, doctor's choice, moving, or new injury or condition. The written explanation must be clearly labeled "Refund Policy" and explained in plain language. The explanation must include a table of calculations that illustrates the amount of refunds or amount owed in the event of the pre- paid plan's early termination.
7. A history, physical exam, and diagnosis in accordance with generally accepted standards of practice is required prior to the sale of any prepaid plan.

1.14 Untrue, Deceptive or Misleading Practices Regarding Unproven and/or Unnecessary Services

Practices which are untrue, deceptive or misleading pursuant to section 12-215-105(1)(g), C.R.S. include but are not limited to the use of promotional materials which have the effect of enticing patients to a provider's office for unproven and/or unnecessary services as listed in Rule 1.15, unless the advertisement has an adequate disclaimer.

1.15 Procedures and Diagnostic Tests that are Unproven and Require Informed Consent

- A. When an unproven diagnostic test or procedure is provided, the chiropractor must obtain the written informed consent of the patient or the patient's legal representative.
- B. The following criteria will be used to determine, by a preponderance of evidence, whether a diagnostic test or procedure is unproven:
 1. Whether the test or procedure is taught as part of the regular curriculum of at least one college of chiropractic approved by the Council on Chiropractic Education.
 2. Whether the test or procedure is based upon anatomical, physiological and/or structural relationships that can be verified through standard diagnostic procedures.
 3. Whether the test or procedure has been supported by a body of evidence using scientifically valid methodology and whether the test or procedure has had periodic review by the Board based on current research as evidenced by:
 - a. Publication in a peer reviewed professional or scientific journal (e.g. Spine, Journal of Manipulative and Physiological Therapeutics (JMPT), Bone and Joint Surgery).
 - b. Supportive preliminary results in a peer reviewed journal.
 - c. Investigation in progress, sponsored by an agency independent of the procedure's proponents and/or developers.
 - d. Hypothesis clearly derived from supportive literature published in peer reviewed journals or texts.
- C. Informed consent shall consist of the following: the patient shall be notified in writing that the diagnostic test or procedure has been designated "unproven" by the Board and that its effectiveness has not been demonstrated.

- D. The patient shall be required to sign a written consent form before a licensee may use a diagnostic test or procedure designated “unproven.” The consent form shall indicate conspicuously that the diagnostic test or procedure anticipated for use has been designated “unproven” by the Colorado State Board of Chiropractic Examiners and that permission is granted by the patient to proceed. A copy of this signed consent form shall be given to the patient for the patient’s retention.
- E. Procedures, diagnostic tests, protocol, analysis or methodology that are unproven and require informed consent include, but are not limited to:
 - 1. Soft or cold laser for uses not approved by the Food and Drug Administration.
 - 2. Reams Procedure.
 - 3. Iridology.
 - 4. Reflexology.
 - 5. Contact reflex analysis.
 - 6. Diagnostic spinal ultrasound for the use of diagnosing paraspinal muscle inflammation, posterior joint swelling, nerve root inflammation, or other spinal pathology in the adult population.
 - 7. Any practice system, analysis, method, or protocol that does not include the complete assessment, evaluation, or diagnosis of the condition to be treated before beginning treatment of the patient.
 - 8. Any practice system, analysis, method or protocol, that relies upon diagnostic methods that are not generally recognized or accepted within the profession or that do not have scientific validity.
 - 9. Any practice system, analysis, method, or protocol that is represented as a means of attaining spiritual growth, comfort, or well-being.

1.16 Declaratory Orders

- A. Any person licensed pursuant to Article 215, Title 12, C.R.S., may petition the Board for a declaratory order to terminate controversies or to remove uncertainties as to the applicability to the petitioner of any statutory provisions or of any rule or order of the Board.
- B. The Board will determine, in its discretion and without notice to petitioner, whether to rule upon any such petition. If the Board determines that it will not rule upon such a petition, the Board shall promptly notify the petitioner of its action and state the reasons for such action.
- C. In determining whether to rule upon a petition filed pursuant to this Rule, the Board will consider the following matters, among others:
 - 1. Whether a ruling on the petition will terminate a controversy or remove uncertainties as to the applicability to petitioner of any statutory provision or rule or order of the Board.
 - 2. Whether the petition involves any subject, question or issue which is the subject of a formal or informal matter or investigation currently pending before the Board or a court involving one or more of the petitioners.

3. Whether the petition involves any subject, question or issue which is the subject of a formal or informal matter or investigation currently pending before the Board or a court but not involving any petitioner.
 4. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.
 5. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to Rule 57, C.R.C.P., which will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule or order in question.
- D. Any petition filed pursuant to this rule shall set forth the following:
1. The name and address of the petitioner and whether the petitioner is licensed pursuant to Article 215, Title 12, C.R.S.
 2. The statute, rule or order to which the petition relates.
 3. A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner.
- E. If the Board determines that it will rule on the petition, the following procedures shall apply:
1. The Board may rule upon the petition based solely upon the facts presented in the petition. In such a case:
 - a. Any ruling of the Board will apply only to the extent of the facts presented in the petition and any amendment to the petition.
 - b. The Board may order the petitioner to file a written brief, memorandum or statement of position.
 - c. The Board may set the petition, upon due notice to the petitioner, for a non-evidentiary hearing.
 - d. The Board may dispose of the petition on the sole basis of the matters set forth in the petition.
 - e. The Board may request the petitioner to submit additional facts, in writing. In such event, such additional facts will be considered as an amendment to the petition.
 - f. The Board may take administrative notice of facts pursuant to the Administrative Procedure Act, C.R.S., 24-4-105 (8), and may utilize its experience, technical competence and specialized knowledge in the disposition of the petition.
 - g. If the Board rules upon the petition without a hearing, it shall promptly notify the petitioner of its decision.

2. The Board may, in its discretion, set the petition for hearing, upon due notice to petitioner, for the purpose of obtaining additional facts or information or to determine the truth of any facts set forth in the petition or to hear oral argument on the petition. The notice to the petitioner setting such hearing shall set forth, to the extent known, the factual or other matters into which the Board intends to inquire. For the purpose of such a hearing, to the extent necessary, the petitioner shall have the burden of proving all of the facts stated in the petition, all of the facts necessary to show the nature of the controversy or uncertainty, and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires the Board to consider.
- F. The parties to any proceeding pursuant to this Rule shall be the Board and the petitioner. Any other person may seek leave of the Board to intervene in such a proceeding, and leave to intervene will be granted at the sole discretion of the Board. A petition to intervene shall set forth the same matters as required by Paragraph (D) of this Rule. Any reference to a 'petitioner' in this Rule also refers to any person who has been granted leave to intervene by the Board.
- G. Any declaratory order or other order disposing of a petition pursuant to this Rule shall constitute agency action subject to judicial review pursuant to section 24-4-106, C.R.S.

1.17 Acupuncture

- A. All chiropractors who choose to practice acupuncture as an adjunct to their regular practice of chiropractic and who do not already hold a valid current acupuncture license issued by the Director of the Colorado Division of Registrations, must be certified by the Board. Applications for certification in acupuncture shall be made in a manner approved by the Board. Certification in acupuncture by the State Board of Chiropractic Examiners may be obtained by complying with the following:
 1. Completing a minimum of a combined total of 100 hours of theoretical study and supervised clinical instruction obtained from a school approved by the Board ; and
 2. Passing a nationally recognized acupuncture examination.
- B. The use of needle auriculotherapy or needle meridian therapy is exclusively limited to those licensees certified in acupuncture.

1.18 Providing Patient Records

A licensee shall provide patient records pursuant to section 25-1-802(1), C.R.S. Failure to do so may be deemed to be in violation of section 12-215-115, C.R.S.

1.19 Safety Training for Unlicensed Chiropractic Personnel

- A. As provided for in section 12-215-202, C.R.S., the Board hereby establishes standards for unlicensed chiropractic personnel to operate a machine source of ionizing radiation (x-ray machine) or to administer such radiation to a patient for diagnostic purposes.
- B. In order to qualify to operate an x-ray machine or to administer such radiation to a patient, unlicensed chiropractic personnel must successfully complete a Board approved course that satisfies the following requirements:
 1. Basic radiological guidelines - 5 hours.
 2. Operator and patient safety - 5 hours.

3. Practical and clinical experience in radiographic production, beam imaging formation, density, contrast, filtration, collimation, processing techniques, chart selection, positioning, examinations, high speed film selection, film marking, film storage, and darkroom procedures - 14 hours.
- C. Any licensed chiropractor employing unlicensed chiropractic personnel to operate an x-ray machine or to administer such radiation to a patient shall maintain written verification of successful completion and training, which must include:
1. A certificate with the name and authorized signature of the agency/educational institution or individual that provided the training;
 2. Name and signature of the unlicensed person who successfully completed the education and training;
 3. Verification of completion of hours specified in subsection (B);
 4. Date of completion; and
 5. The original of the written verification shall be maintained in the personnel file and a copy shall be provided to the unlicensed person upon successful completion of the education and training.
- D. No chiropractor shall allow any unlicensed person to operate an x-ray machine or to administer such radiation to any patient unless such unlicensed person has met the standards set forth herein. Any chiropractor who fails to comply with the provision of this Rule may be subject to disciplinary action by the Board as provided for in section 12-215-115, C.R.S.
- E. As provided for in section 12-215-128, C.R.S., the Board hereby establishes standards for unlicensed chiropractic assistants to deliver chiropractic services. Any person, under the direct supervision of a chiropractor, assisting a chiropractor in the delivery of chiropractic services is required to have the requisite skills and training in those areas in which they are assisting. The supervising chiropractor must be readily available to provide immediate assistance if necessary. Appropriate training may be determined by the supervising chiropractor. The supervising chiropractor is responsible for:
1. Ensuring chiropractic assistants possess the requisite skills and training to assist in the delivery of the chiropractic services;
 2. All actions of the chiropractic assistants and may be subject to discipline by the Board as a result of those actions as provided for in section 12-215-115, C.R.S.; and
 3. Maintaining records of chiropractic assistant's training.

1.20 Termination of Practice upon Suspension, Relinquishment or Revocation

- A. Upon suspension of license, the licensee shall immediately stop the practice of chiropractic and shall tender his/her license to practice chiropractic to the Board within twenty-four hours from the effective date of the suspension. The licensee shall notify all patients that the licensee has ceased the practice of chiropractic and must allow patients to make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to a practitioner designated by the patient, or if the licensee's practice is sold, to the chiropractor who purchases the practice. Written notice of the termination of practice must be made to all patients of the practice to the patient's last known address, or by legal notice by publication.

- B. Upon revocation and relinquishment of license, the licensee shall immediately stop the practice of chiropractic and shall tender his/her license to practice chiropractic to the Board within twenty-four hours from the effective date of revocation or relinquishment. The licensee shall notify all patients within thirty calendar days that the licensee has ceased the practice of chiropractic and that the patient must make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to the patient, to a practitioner designated by the patient, or if the licensee's practice is sold, to the chiropractor who purchases the practice. The transfer of patient records must be completed within sixty days. These terms may be set forth in the revocation or relinquishment order. Written notice of the termination of practice must be made to all patients of the practice to the patient's last known address, or by legal notice by publication.
- C. The practitioner who is suspended, relinquished, or revoked cannot be on the premises of the office to observe, monitor, or participate in any way in care given. A practitioner may derive no income from the practice either directly or indirectly during the period of suspension, except for treatment provided before the beginning of the suspension.
- D. Any request to deviate from this Rule must be set forth in writing to the Board. The board may review the request and may, upon good cause shown, issue an amended termination order. The decision to amend the terms for the termination of practice is final with the Board. A failure to comply with the provisions of the termination order may be grounds for disciplinary action for violation of a Board Order.
- E. For any termination of practice for reasons other than suspension, relinquishment, or revocation, the licensee or his designee shall notify all patients within sixty calendar days that the licensee has ceased the practice of chiropractic and that the patient may make arrangements for the transfer of patient records. The licensee or his designee shall make the patient records or copies of the patient records available to the patient, to a practitioner designated by the patient, or if the licensee's practice is sold, to the chiropractor who purchases the practice. The transfer of patient records must be completed within sixty days. Written notice of the termination of practice must be made to all patients of the practice to the patient's last known mailing address, last known e-mail address, or legal notice by publication.

1.21 Animals in the Office

If a chiropractor allows animals in his/her office, the chiropractor shall be responsible for their proper care and feeding, shall have them vaccinated and licensed, as appropriate, and shall maintain compliance at all times with the sanitation requirements referenced in section 12-215-115(1)(g), C.R.S.

1.22 Record Keeping Requirements

Documentation of the patient's health history, presenting complaint(s), progression of care, diagnosis, prognosis and treatment plan must be reflected in the record keeping and written reports of the patient file. Records are required to be contemporaneous, legible, utilize standard medical terminology or abbreviations, contain adequate identification of the patient, contain adequate identification of the provider of service and indicate the date the service was performed. All professional services rendered during each patient encounter should be documented. Any addition or correction to the patient file after the final form shall be signed and dated by the person making the addition or correction. The following minimum components must be documented within the patient file:

A. Initial Patient Visit:

1. History:
 - a. Chief complaint(s) described in terms of onset, provocative, palliative, quality, radiation, setting, and timing.
 - b. Surgical, hospitalization, past/recent illness, trauma, family, social, past/recent system review, and past/recent allergies.
 - c. Non-prescription, prescription, botanical, homeopathic medicines, and vitamin supplements.
 - d. A reasonable effort to obtain and review pertinent records as clinically indicated from other health care providers, imaging facilities, or laboratories.
2. Examination:
 - a. Vital signs as clinically indicated.
 - b. Document examinations or tests ordered or performed and the results of each as necessitated by the patient's clinical presentation consistent with common healthcare practices.
 - c. Document examinations of neuromusculoskeletal conditions using a format of inspection, palpation, neurological testing, range of motion, and orthopedic testing.
 - d. Document prognosis and/or outcome expectations.
 - e. When clinically indicated, treatment options/alternatives should be documented.
 - f. When referring to another healthcare provider, correspondence may be provided for patient care coordination.

B. Established Patient Visit:

1. Subjective Complaint: The patient's description of complaints should be recorded at each visit indicating improvement, worsening, or no change.
2. Objective Findings: Changes in the clinical signs of a condition should be described by the chiropractor at each visit.
3. Assessment or Diagnosis: It is not necessary to update this category at each visit. However, periodic clinical re-evaluations should be performed, specifically documented and recorded in the daily entries. Changes in the patient's diagnosis should be recorded in the daily entries when clinically indicated. Prognosis and/or outcome expectations should be updated periodically consistent with the clinical presentation.
4. Plan of Management: A provisional plan of management should be recorded initially and further entries should be made as this plan is modified and/or as a patient enters a new phase of treatment or has a diagnosis change. Changes in procedures should be documented and based on clinical assessment and reasoning.

5. Procedures: Daily recording of procedures performed should include a description of type and location of procedure. Units of time should be recorded when appropriate.
- C. Ancillary Documentation:
1. Correspondence sent and received.
 2. Specialty reports (diagnostic imaging, laboratory results, nerve conduction studies, etc.).
 3. Communications (telephone conversations, dialogue with patient guardian or other healthcare providers).
- D. Patient clinical records shall be maintained for a minimum of seven years after the last date of treatment or examination, or at least two years after the patient reaches the age of eighteen, whichever occurs later.
- E. When the destruction cycle is imminent, written notice to the patient's last known address, or notice by publication, must be made sixty days prior to destruction allowing a thirty (30) day period wherein the patient may claim his/her records. When a patient claims such records, the records must be provided to the patient, or legal guardian, at no charge; however, recovery of appropriate postage and handling costs is permitted.
- F. Records shall be destroyed in a manner that totally obliterates all information contained in the record such as by incinerating, shredding, or permanently deleting.
- G. Records may not be withheld for outstanding/past due professional fees. A reasonable fee for copying records may be assessed to the requesting party.
- H. If patient records are maintained electronically, then an off-site, secure back-up and data recovery system must be in place. Contemporaneous documentation is required regardless of whether electronic record keeping is accessible.

1.23 Solicitation of Accident Victims

Any licensee, either directly or through an agent, engaging in permissible solicitation under section 12-30-103(2), C.R.S., shall fully disclose in writing to the patient, prior to establishing a doctor-patient relationship, the nature of the solicitation as well as the licensee's relationship with other service providers.

1.24 General Licensing Provisions

- A. The following provisions shall be in effect relating to change of name and address.
1. The licensee shall submit legal evidence of name change by court record or marriage certificate within sixty days.
 2. The licensee shall submit any change of address within thirty days of such change. The change of address may be submitted in writing, by fax, or electronically. Telephone notification will not be accepted. Failure to notify the Board of the above changes within the guidelines outlined above may result in Board action against the licensee pursuant to section 12-215-111, C.R.S.

- 3. Any notification by the Board to licensees, required or permitted, under section 12-215-101 *et seq.*, C.R.S., or the Colorado Administrative Procedures Act shall be addressed to the last address provided formally to the Board by the licensee and any such mailing shall be deemed proper service on said licensee.
- B. An application for a license or authority not completed within one year of the date of the original application shall be deemed null and void. Such applicant shall be required to complete the entire application process again including payment of the application fee.
- C. Applications that have not been completed within one year of the date of the original application will be purged and destroyed.

1.25 Chiropractor Patient Relationships

At no time shall a chiropractor use his/her influence or position of authority as a means to initiate or promulgate a sexual act or relationship with a patient. Sexually intimate acts and relationships that exist between life-partners or in a marriage do not preclude the doctor of chiropractic from providing the partner or spouse with chiropractic healthcare.

1.26 [Repealed eff 09/30/2012]

1.27 [Repealed eff. 03/17/2011].

1.28 Licensure & Certification Requirements: Credit for Military Experience

The purpose of this Rule is to outline the conditions and procedures governing the evaluation of an applicant's military training and experience under section 12-20-202(4), C.R.S.

- A. An applicant for chiropractic licensure may submit education, training, or experience acquired during military service for the Board's consideration in determining eligibility for licensure or certification.
- B. It is the applicant's responsibility to provide timely and complete information for the Board's review.
- C. In order to be considered acceptable toward meeting the requirements for licensure or certification, such education, training, or experience must be equivalent to the qualifications and requirements otherwise applicable at the time the application is submitted to the Board.
- D. The Board, in its sole discretion and on a case by case basis, will determine the equivalence and applicability of the applicant's military education, training, or experience toward the requirements for licensure or certification.

1.29 Compliance with Board Investigations

- A. When the Board requests a patient's complete patient record, pursuant to subpoena, the patient chart or record shall include all documentation for that specific patient as required by Rule 1.22.
- B. The Colorado Department of Regulatory Agencies' (DORA) personnel assigned to the Board of Chiropractic Examiners have the authority to carry out the Board's Orders. Chiropractors must fully cooperate with the requests of DORA personnel.

1.30 Patient Consultation

All patients shall be offered in writing the opportunity to request a private conversation with their chiropractor that affords the requisite amount of privacy and confidentiality.

1.31 [Emergency rule expired 12/28/2020]

1.32 EXPANDED SCOPE OF PRACTICE FOR CHIROPRACTORS PURSUANT TO THE GOVERNOR'S EXECUTIVE ORDER D 2020 271

- A. Basis. Through Executive Order D 2020 271, Governor Jared Polis temporarily suspended the emergency rulemaking authorities for the State Board of Chiropractic Examiners ("Board") set forth in section 24-1-122(3)(h), C.R.S., and directed the Executive Director of DORA, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules consistent with the Executive Order. The basis for these emergency rules is Executive Order D 2020 271 issued by Governor Jared Polis pursuant to the State of Emergency Declaration found in Executive Orders D 2020 003, D 2020 018, D 2020 032, D 2020 058, D 2020 076, D 2020 109, D 2020 125, D 2020 152, D 2020 176, D 2020 205, D 2020 234, D 2020 258, D 2020 264, and D 2020 268, Article IV, Section 2 of the Colorado Constitution, and the Colorado Disaster Emergency Act, sections 24-33.5-701, *et. seq.*, C.R.S.
- B. Purpose. These Emergency Rules are adopted by the Executive Director of the Department of Regulatory Agencies, through the Division Director, to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado.
- C. Expanded Scope of Practice. Chiropractors may perform services while working in a hospital or inpatient facility as delegated by physicians, physician assistants, advanced practice registered nurses, certified registered nurse anesthetists, professional nurses and respiratory therapists.
 - 1. Chiropractors are authorized to perform delegated services upon adequate cross-training as determined necessary by the hospital or inpatient facility.
 - 2. Chiropractors shall not accept delegation of a service for which the licensee does not possess the knowledge, skill or training to perform.
 - 3. Chiropractors shall not perform a delegated service for which the licensee does not possess the knowledge, skill or training to perform.
 - 4. Delegated services shall not be re-delegated to another person or licensee by the delegatee.
 - 5. Chiropractors shall not prescribe or select medications, perform surgical or other invasive procedures or perform anesthesia services outside of statutory scope of practice regardless of delegation.

1.33 Examination Requirement

The purpose of this rule is to delineate the examination requirement for licensure set forth in section 12-215-108, C.R.S.

An applicant for licensure must pass one of the following examinations:

- A. Examinations administered by the National Board of Chiropractic Examiners or its successor organization as approved by the Board, pursuant to Board policy; or
- B. An examination approved by the Board, pursuant to Board policy.

1.34 Schools Approved to Sponsor Student Interns

The purpose of this rule is to specify the criteria that chiropractic schools must meet in order to receive Board approval for the purpose of allowing students in the schools to perform chiropractic services in this state pursuant to section 12-215-130, C.R.S.

A school shall be Board approved if:

- A. it's curriculum meets the minimum educational requirements set forth in section 12-215-106, C.R.S.; and
- B. the school has status with the Council on Chiropractic Education; and
- C. the school carries liability insurance for student interns as required by section 12-215-114, C.R.S.; or
- D. the school is approved by the Board and complies with subsections A and C of this Rule.

1.35 REQUIRED DISCLOSURE TO PATIENTS – CONVICTION OF OR DISCIPLINE BASED ON SEXUAL MISCONDUCT

- A. On or after March 1, 2021, a licensee, shall disclose to a patient, as defined in section 12-30-115(1)(a), C.R.S., instances of sexual misconduct , including a conviction or guilty plea as set forth in section 12-30-115 (2)(a) C.R.S., or final agency action resulting in probation or limitation of the licensee's ability to practice as set forth in section 12-30-115(2)(b), C.R.S.
- B. Form of Disclosure: The written disclosure shall include all information specified in section 12-30-115(3), C.R.S., and consistent with the sample model disclosure form as set forth in Appendix B to these rules. The patient must, through his or her signature on the disclosure form, acknowledge the receipt of the disclosure and agree to treatment with the registrant
- C. Timing of Disclosure: This disclosure shall be provided to a patient the same day the patient schedules a professional services appointment with the licensee. If an appointment is scheduled the same day that services will be provided or if an appointment is not necessary, the disclosure must be provided in advance of the treatment.
 - 1. The written disclosure and agreement to treatment must be completed prior to each treatment appointment with a patient unless the treatment will occur in a series over multiple appointments or a patient/patient schedules follow-up treatment appointments.
 - 2. For treatment series or follow-up treatment appointments, one disclosure prior to the first appointment is sufficient, unless the information the licensee is required to disclose pursuant to section 12-30-115, C.R.S., has changed since the most recent disclosure, in which case an updated disclosure must be provided to a patient and signed before treatment may continue.
- D. As set forth in section 12-30-115(3)(e), C.R.S., the requirement to disclose the conviction, guilty plea, or agency action ends when the licensee has satisfied the requirements of the probation or other limitation and is no longer on probation or otherwise subject to a limitation on the ability to practice the licensee's profession.

- E. A licensee is not required to provide the written disclosure before providing professional services to the patient in the following instances as set forth in section 12-20-115(4), C.R.S:
1. The patient is unconscious or otherwise unable to comprehend the disclosure and a guardian of the patient is unavailable;
 2. The patient visit occurs in an emergency room or freestanding emergency department or the visit is unscheduled, including consultations in inpatient facilities; or
 3. The licensee providing the professional service to the patient is not known to the patient until immediately prior to the start of the visit; or
 4. The licensee does not have a direct treatment relationship or have direct contact with the patient.

APPENDIX B

MODEL SEXUAL MISCONDUCT DISCLOSURE STATEMENT

DISCLAIMER: This Model Sexual Misconduct Disclosure Statement is to be used as a guide only and is aimed only to assist the practitioner in complying with section 12-30-115, C.R.S. and the rules promulgated pursuant to this statute by the Director. As a licensed, registered, and/or certified health care licensee in the State of Colorado, you are responsible for ensuring that you are in compliance with state statutes and rules. While the information below must be included in your Sexual Misconduct Disclosure Statement pursuant to section 12-30-115, C.R.S., you are welcome to include additional information that specifically applies to your situation and practice.

- A. Licensee information, including, at a minimum: name, business address, and business telephone number.
- B. A listing of any final convictions of or a guilty plea to a sex offense, as defined in section 16-11.7-102(3), C.R.S.
- C. For each such conviction or guilty plea, the licensee shall provide, at a minimum:
 - 1. The date that the final judgment of conviction or guilty plea was entered;
 - 2. The nature of the offense or conduct that led to the final conviction or guilty plea;
 - 3. The type, scope, and duration of the sentence or other penalty imposed, including whether:
 - a. The provider entered a guilty plea or was convicted pursuant to a criminal adjudication;
 - b. The provider was placed on probation and, if so, the duration and terms of the probation and the date the probation ends; and
 - c. The jurisdiction that imposed the final conviction or issued an order approving the guilty plea.
- D. A listing of any final agency action by a professional regulatory board or agency that results in probationary status or other limitation on the licensee's ability to practice if the final agency action is based in whole or in part on:
 - 1. a conviction for or a guilty plea to a sex offense, as defined in section 16-11.7-102(3), C.R.S., or a finding by the professional regulatory board or Director that the provider committed a sex offense, as defined in as defined in section 16-11.7-102(3), C.R.S.; OR
 - 2. a finding by a professional regulatory board or agency that the provider engaged in unprofessional conduct or other conduct that is grounds for discipline under the part or article of Title 12 of the Colorado Revised Statutes that regulates the provider's profession, where the failure or conduct is related to, includes, or involves sexual misconduct that results in harm to a patient or presents a significant risk of public harm to patients.
- E. For each such final agency action by a professional regulatory board or agency the provider shall provide, at a minimum:

1. The type, scope, and duration of the agency action imposed, including whether:
 - a. the regulator and licensee entered into a stipulation;
 - b. the agency action resulted from an adjudicated decision;
 - c. the licensee was placed on probation and, if so, the duration and terms of probation; and
 - d. the professional regulatory board or agency imposed any limitations on the licensee's practice and, if so, a description of the specific limitations and the duration of the limitations.
2. The nature of the offense or conduct, including the grounds for probation or practice limitations specified in the final agency action;
3. The date the final agency action was issued
4. The date the probation status or practice limitation ends; and
5. The contact information for the professional regulatory board or agency that imposed the final agency action on the licensee, including information on how to file a complaint.

Sample Signature Block

I have received and read the sexual misconduct disclosure by [Provider Name] and I agree to treatment by [Provider Name].

Print Client Name

Client or Responsible Party's Signature

Date

If signed by Responsible Party (parent, legal guardian, or custodian), print Responsible Party's name and relationship to client:

Print Responsible Party Name

Print Relationship to Client

Licensee Signature

Date

Editor's Notes

History

Rules 3, 7, 26 eff. 05/30/2007.

Rules 10, 22 eff. 07/30/2007.

Rules 8-15 eff. 01/30/2008.

Rules 6, 7, 10, 11, 13, 17, 27 eff. 07/30/2009.

Rules 1(D); 2; 4; 8(C); 11; 12; 17(A) eff. 12/01/ 2009. Rules 5; 9 repealed eff. 12/01/2009.

Rules 8, 19 eff. 03/17/2010.

Rule 27 repealed eff. 03/17/2011.

Rules 8, 28 eff. 09/30/2012. Rule 26 repealed eff. 09/30/2012.

Rule 30 emer. rule eff. 12/31/2012; expired 04/30/2013.

Rules 6-7, 29 eff. 01/14/2013.

Rule 7 C emer. rule eff. 01/24/2013.

Rule 7 C eff. 05/15/2013.

Rules 1, 3, 4, 6-8, 10, 11, 17, 20, 22, 24, 25, 30 eff. 05/25/2019.

Rules 12, 13, 15, 19 E eff. 07/15/2019.

Rules 1.6 A, 1.7, 1.11 eff. 11/14/2019.

Rule 1.31 emer. rule eff. 05/01/2020; expired 08/29/2020.

Rule 1.32 emer. rule eff. 05/11/2020; expired 09/08/2020.

Rules 1.8 A, 1.8 G, 1.8 K, 1.33, 1.34 emer. rules eff. 08/25/2020.

Rule 1.31 emer. rule eff. 08/30/2020; expired 12/28/2020.

Rule 1.32 emer. rule eff. 09/09/2020.

Rules 1.8 A, 1.8 G, 1.8 K, 1.33, 1.34, 1.35, Appendix B eff. 11/30/2020.

Rule 1.32 emer. rule eff. 12/28/2020.