



Auriculotherapy Certification Institute, Inc.
A Non-Profit Organization

Hopefully the following information will answer questions practitioners have regarding certification in Auriculotherapy.

ACI will offer separate certification in one of the following three specialties: *Auricular Acupuncture*, *Auriculotherapy*, or *Auricular Medicine*. The exam for those seeking the certification in the specialty of *Auricular Medicine*, however, is still being developed and not yet available.

You will be required to provide **copies of official transcripts** from Institutions from which you obtained your graduate degree, as well as a **copy of your current state health care license**. If you do not hold an advanced degree, and practice under another's license, you will be required to submit a copy of the license holder's official transcripts, as well as a copy of his or her state health care license. Further, a **signed original letter** from the license holder must state that you have permission to practice under their license, and that this arrangement is legal in the state where the license holder practices.

All applicants must also submit relevant additional training they have received in the area of auriculotherapy, listing dates, faculty and the name of the organization that offered the training. (See Form AAD) If you do not have *additional* formal training, but you can demonstrate advanced knowledge and skills in *Ear Acupuncture*, *Auriculotherapy* or *Auricular Medicine*, you may take the exam. Please see sample exam questions and answers, as well as *Auriculotherapy Certification Terms To Know* (three pages), to help determine if you have the knowledge ACI requires.

The exam may be taken if you do not have copies of official transcripts. Final certification, however, will require submission and approval of official transcript copies. A copy of your current state health care license must be submitted before, or at the time of the exam.

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The written exam will consist of up to one hundred multiple-choice questions on *Auricular Acupuncture and Auriculotherapy* specialties. The distinctions between these two specialties will be assessed on the practicum exam. You can indicate on the application the specialty you wish to become certified in, however, the specialty which you qualify for will ultimately be decided by the Committee.

The practicum exam will be no longer than one-half hour. You will need to demonstrate your expertise in specialty sought to a certification examiner. You will need to bring treatment supplies or devices that you use in your practice for this portion of the exam. Questioning regarding location of auricular points, insertion of needles or ear pellets, application of treatment modality, and protocols for specific health disorders may be included.

To pass the written exam, you must correctly answer 75% of the questions. The examiner will give a grade of pass or fail for the practicum exam. You must pass both the written exam and practicum exam to become certified. The non-refundable exam fee of \$175 (which includes both the written exam and practicum exam) is due at the exam site prior to taking the exam. Should you fail one or both portions of the exam, you can re-take the portion(s) failed at a future date. Re-taking the exam costs an additional \$90 per portion. **Please make sure you are prepared.** The written and practicum exams will be challenging.

Other requirements to become certified include the description of a minimum of twenty patients treated with auriculotherapy. Indicate the client's health disorder, procedures used for treatment, and the treatment outcome (see Form ATF, photocopying required). Forms will be reviewed by the ACI Committee to determine the applicant's acceptability. Applicant submissions will be approved or declined. Declined submissions will be returned with Committee recommendations. There is no fee for this portion of the certification process.

You may take the exam prior to the completion ATF Treatment Forms, and/or completion of AAD Forms. Official certification will be granted when you receive a passing grade on both exams, and all required documents have been submitted and approved.

Applications for ACI will be available on August 12, 1999. The application will be brief, however, as noted, substantial documentation must be submitted prior to final certification. All submissions (ATF Forms, AAD Forms, and Application) must be typed or hand-printed in black ink.

Recommended study for both written and practicum exam include the following books:

Nogier, P. (1972) *Treatise of auriculotherapy*; Moulin-les Metz, France: Maisonneuere.*

Oleson, T. (1 998) *Auriculotherapy manual: chinese and western systems of ear acupuncture*; Second Edition, Los Angeles, U.S.A.: Health Care Alternatives.

Huang, L. (1 996) *Auriculotherapy.- Diagnosis and Treatment*. Bellaire, Texas: Longevity Press.

These books are available at Redwing Book Co. (800) 873-3946, or www.redwingbooks.com. (*except Nogier book - hard to find)

Members will receive an ACI certificate and will be placed on ACI's referral list, which will be published in a directory, as well as on the Internet. Because the organization will be a new one, and because auriculotherapy is just becoming popular in the U.S., it may take some time for steady referrals to come about. We cannot make any guarantees about referrals at this time. The primary advantage in receiving ACI certification at present is to acknowledge your expertise in Auriculotherapy by an organization with very high standards set by a committee of distinguished peers.

It should be noted that receiving certification by ACI is not, nor will it ever become, a substitute for a health care license. It does not give one the permission to practice any form of health care or medical treatment one is not currently licensed to perform by your local, state or federal government.

ACI applicants are required to read and agree to abide by the *Ethical Principals and the Policies and Procedures (downloadable)* of the Auriculotherapy Certification Institute. Applicants will be required to read and agree to release ACI and its affiliates from any and all liability from any practice decision made by that member on the ACI application, should that applicant wish to become certified.

Applicants will be notified by mail of exam results within thirty days. Final certification will be granted after completed document documents required are submitted and approved.

Should you have any questions, please contact me at any of the numbers or addresses listed on the bottom the cover page.

The ACI Board of Directors

Advanced Auriculotherapy Training Form

Form AAD

Name: _____ Degree or License: _____

1. Course, Seminar, Workshop or Conference Title: _____

Organization offering Training: _____

Faculty Name(s): _____

Date(s): _____ Location: _____

Training Objectives: _____

2. Course, Seminar, Workshop or Conference Title: _____

Organization offering Training: _____

Faculty Name(s): _____

Date(s): _____ Location: _____

Training Objectives: _____

3. Course, Seminar, Workshop or Conference Title: _____

Organization offering Training: _____

Faculty Name(s): _____

Date(s): _____ Location: _____

Training Objectives: _____

I have successfully completed training listed above. _____

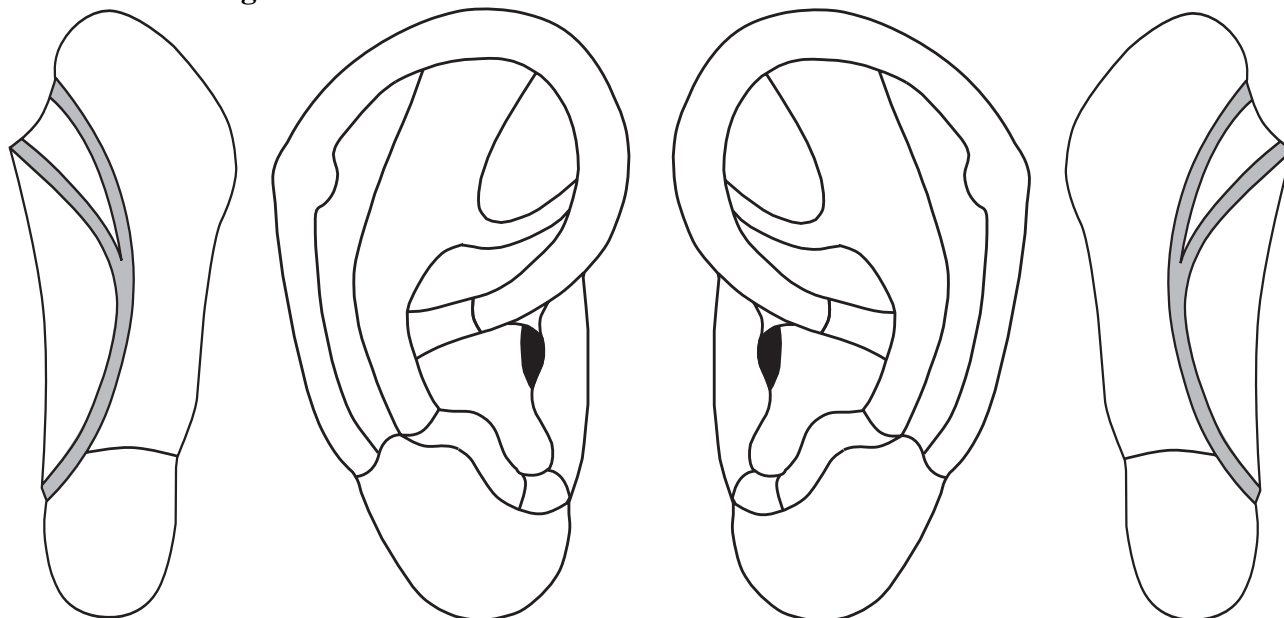
(signature and date)

Auriculotherapy Treatment Form

Right Ear

Left Ear

ATF



Indicate on pictures above those areas on ear where reactive ear reflex points were found

1. Patient I.D.: _____ 2. Date: _____ 3. Time: _____ Onset _____ End _____ 4. Time: _____

5. Patient Complaints Prior to Treatment: _____

6. Objective Body Assessments Prior to Treatment: *(ie. symptoms, imitations in range of motion)*

7. Auricular Diagnosis Observations: *(i.e. regions of tenderness and electrodermal conductance)*

8. Auriculotherapy Treatments Used: Acupuncture Needles Transcutaneous Stimulation
 Electroacupuncture Acupoint Pellets Acupressure Other: _____

9. Auricular Points Treated: _____

10. Patient Experience Following Treatment: _____

11. Objective Body Assessments Following Treatment : _____

[For Office Use Only] Clinic ID: _____ Practitioner ID: _____

- Auricular - Somatic Correspondences
- Remote Reflex Sites
- Somatotopic Inversion
- Ipsilateral Representation of Ear Points
- Reactive Ear Reflex Points
- Electrodermal Skin Resistance
- Electrodermal Skin Conductance
- Organo-Cutaneous Reflexes
- Cutaneo-Organic Reflexes
- Paul Nogier Discoveries
- Nanking Army Ear Acupuncture Team
- H.L. Wen Discoveries
- Michael Smith Studies
- NADA Protocol
- Auricular Medicine
- Auricular Cardiac Reflex (ACR)
- Vascular Autonomic Signal (VAS)
- Neurophysiological Microsystem Theory
- Endorphin Microsystem Theory
- Embryological Microsystem Theory
- Holographic Microsystem Theory
- Yang and Yin Meridian Connections to Ear
- Anatomy of the External Ear
- Helix Ridge
- Helix Tail
- Antihelix Body
- Antihelix Tail
- Inferior Crus of Antihelix
- Superior Crus of Antihelix
- Tragus
- Antitragus
- Intertragic Notch
- Lobe
- Scaphoid Fossa
- Triangular Fossa
- Superior Concha
- Inferior Concha
- Concha Ridge
- Concha Wall
- Subtragus
- Internal Helix
- Posterior Lobe
- Posterior Groove
- Ear Apex
- Darwin's Tubercle
- Point Zero (Ear Center)
- Shen Men (Spirit Gate)
- Autonomic Point (Sympathetic Point)

- Thalamus Point (Subcortex Point)
- Endocrine Point (Internal Secretion)
- Master Oscillation Point
- Allergy Point (Ear Apex)
- Tranquilizer Point
- Master Sensorial Point
- Master Cerebral Point
- Cervical Spine on Antihelix Tail
- Thoracic Spine on Antihelix Body
- Lumb0-Sacral Spine and Buttocks on Antihelix Inferior Crus
- Chinese Hip, Knee, Ankle, and Foot ear points on Antihelix Superior Crus
- French Hip, Knee, Ankle, and Foot ear points in Triangular Fossa
- Shoulder, Elbow, Wrist, and Hand ear points in Scaphoid Fossa
- Occiput, Temples, and Forehead ear points on Antitragus
- Face, TMJ, Jaw and Dental Analgesia ear points on Lobe
- Eye, Ear, Nose, and Skin sensory ear points on Lobe, Tragus, and Scaphoid Fossa
- Auricular Diagnosis Procedures
- Auriculotherapy Treatment Procedures
- Auricular Acupressure
- Auricular Acupuncture Needles
- Auricular Electroacupuncture
- Auricular Transcutaneous Electrical Nerve Stimulation
- Ear Pellets or Ear Seeds
- Internal Organ Points
- Digestive Organ Points
- Mouth and Esophagus in Inferior Concha
- Stomach on Concha Ridge
- Small Intestines and Large Intestines in Superior Concha
- Rectum on Helix Root
- Thoracic Organ Points
- Chinese Heart in Inferior Concha
- Nogier Heart on Antihelix Body
- Lung 1, Lung 2, Bronchi, Throat, and Larynx in Inferior Concha
- Diaphragm on Helix Root
- Tonsil Points on Helix
- Abdominal Organ Points
- Appendix on Superior Concha
- Liver on Concha Ridge
- Chinese Spleen on Left ear Inferior Concha
- French Spleen on Left ear Superior Concha
- Gall Bladder on Right ear Superior Concha
- Pancreas on Superior Concha
- Urogenital Organ Points
- Chinese Kidney and Ureter on Superior Concha
- French Kidney and Ureter on Internal Helix
- Bladder on Superior Concha
- Chinese Uterus on Triangular Fossa
- French Uterus and Internal Genital Organs on Internal Helix
- Chinese Uterus in Triangular Fossa

- Chinese and French External Genital Organs on Helix Root
- Chinese Kidney, Liver, Spleen, Lung, and Heart Energy Functions
- Endocrine Glands
- Chinese Adrenal Gland on Tragus
- French Adrenal Gland on Superior Concha Wall
- Thymus and Mammary Glands on Superior Concha Wall and Antihelix
- Thyroid Gland on Inferior Concha Wall and Antihelix Tail
- Pineal Gland on Tragus / Intertragic Notch
- Pituitary Gland on Intertragic Notch
- Sensory Somatic Nerves Represented on Anterior Surface of Ear
- Motor Nerves Represented on Posterior Surface of Ear
- Sciatic Nerve on Antihelix Inferior Crus
- Sympathetic Ganglia on Concha Wall
- Auditory Nerve on Subtragus
- Trigeminal Nerve on Lobe
- Vagus Nerve in Inferior Concha
- Minor Occipital Nerve in Scaphoid Fossa
- Spinal Cord on Helix Tail
- Brain Stem on Lateral Ear Lobe and Concha Wall
- Thalamus and Brain on Concha Wall behind Antitragus
- Hypothalamus on Inferior Concha
- Limbic System and Striatum on Ear Lobe region below Antitragus
- Occipital Cortex, Temporal Cortex, Parietal Cortex on peripheral ear Lobe
- Frontal Cortex on central ear Lobe
- Chinese and European Functional Points
- Asthma Point (Ping Chuan) on Antitragus Apex
- Antihistamine, Constipation, and Hepatitis Points on Triangular Fossa
- Hypertension Points on Triangular Fossa and Tragus
- Lumbago Point on Antihelix Body
- Muscle Relaxation Point on Inferior Concha
- Triple Warmer Point on Inferior Concha
- Appetite Control (Hunger Point) on Tragus
- Anti-Inflammatory Helix Points
- Auditory Line on Ear Lobe
- Aggressivity Point (Irritability) on Lobe
- Anti-Depressant Point on Lobe
- Vitality Point on Tragus
- Auricular Addiction Treatments
- Weight Control Treatments
- Back Pain and Sciatica Treatments
- Headaches, Neck Tension and TMJ Disorder Treatments
- Shingles and Peripheral Neuralgia Treatments
- Pre-Menstrual Syndrome Treatments
- Nausea and Vomiting Treatments
- Asthma and Allergies Treatments
- High Blood Pressure Treatments
- Sensorineural Deafness Treatments
- Depression Treatments
- Anxiety Treatments

ACI Written Exam (Sample Questions)

1. The Master Point which most directly affects the balance of left brain and right brain interactions is the _____.
 - a. Master Cerebral Point
 - b. Master Sensorial Point
 - c. Allergy Point
 - d. Autonomic Point
 - e. Master Oscillation Point

2. The Yang meridians which directly connect to the ear include which of the following meridians?
 - a. Heart
 - b. Liver
 - c. Lung
 - d. Kidney
 - e. Stomach

3. The first auricular point widely used for Drug Detoxification, that was not a Master Point, was the ear point for the _____.
 - a. Liver
 - b. Adrenal Gland .C
 - c. Sciatic Nerve
 - d. Heart
 - e. Lung

4. The first auricular point discovered by Nogier on the Inferior Crus of the Antihelix was the _____ point.
 - a. Shen Men
 - b. Heart
 - c. Occiput
 - d. Lumbar-Sacral Joint
 - e. Cervical-Thoracic Joint

5. The treatment of Carpal Tunnel Syndrome would probably include stimulation of an ear reflex point on the _____.
 - a. Helix
 - b. Antitragus
 - c. Antihelix
 - d. Triangular Fossa
 - e. Scaphoid Fossa

END

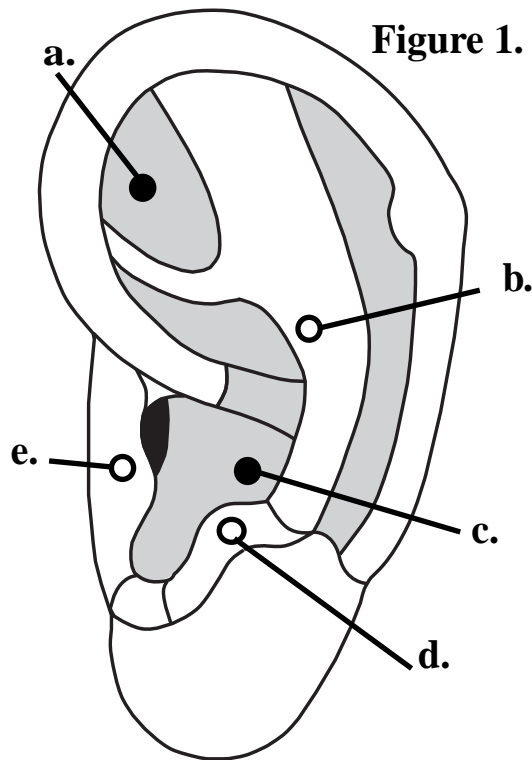
Answers:

Question 5 - e
Question 4 - d
Question 3 - e
Question 2 - e
Question 1 - e

ACI Practicum Exam* (Sample Auricular Point Locations)

For questions **6 to 10** please use **Figure 1** to identify the specific anatomical areas of the ear and to label the auricular points for the Ear Microsystems which are referred to in each question.

- 6. Chinese Uterus ____
- 7. Appetite Control ____
- 8. Lungs ____
- 9. Temples ____
- 10. Thoracic Spine ____



END

* Helpful for written exam as well

Answers:

- Question 10 - b
- Question 9 - d
- Question 8 - c
- Question 7 - e
- Question 6 - a

Auriculotherapy Certification Institute Application for Auriculotherapy Certification

1. Name: _____
First
Middle
Last
Degree

Please list your primary address to be used in the directory. Mail will be sent to this address unless you specify another address

Business:	Alternate Mailing Address:
Street:	Street:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
FAX:	FAX:
e-mail	e-mail:

2. License / Credential

2.1 I practice independently with a state license / credential. **Please enclose a copy of your license / credential with your application OR furnish the following information:**

State & Issuing Agency:	
Field or Profession:	
License / Credential No:	Expiration Date:

2.2 I do not practice independently as I work under a credentialed / licensed supervisor.

3. Have you ever been disciplined or had your credential/license revoked by a disciplinary agency or are you currently under review by a disciplinary agency? Yes No If yes, please attach a letter of explanation

4. I am applying for certification in ("" all applying for): Auricular Acupuncture Auriculotherapy Auricular Medicine

5. I have read and agree to abide by the *Ethical Principles and the Policies and Procedures* of the Auriculotherapy Certification Institute (ACI). I understand that a review process within ACI will be the final determination of any controversy arising between me and the Institute. If grounds exist that would permit a court to overturn or modify the ACI's action regarding my certification, I will seek redress only through arbitration in Los Angeles, California. I also understand that I am obligated to pay the costs of any court or arbitration proceedings, including reasonable attorney's fees that are expended by ACI in its defense where I do not prevail. I understand and agree that ACI, the members of the Board of Directors for ACI, and ACI affiliates assume no responsibility for my own actions or activities. I practice at my own risk and hereby release ACI from any and all liability from any practice decisions that I make. I hereby give permission to ACI to contact any individuals or agencies for verification of application information that I have submitted. I understand that any falsification of information is grounds for not granting ACI certification or for loss of ACI certification.

Signature: _____ Date: _____

Auriculotherapy Certification Institute (ACI), PMB 270, 8033 Sunset Boulevard, Los Angeles, CA 90046

ACI does not discriminate among applicants as to age, sex, race, religion, national origin, handicap, marital status or sexual orientation.

ACI has the prerogative to establish and reverse policies/procedures including fees and dates for recertification as deemed appropriate. I understand that, in all circumstances, both written and practicum exam fees are non-refundable.

Initial: _____ Date: _____

For Office Use Only :

Applicant Name:		Received by:	Date:
Amount Received	\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #:
			<input type="checkbox"/> Money Order #:

Auriculotherapy Certification Institute

Ethical Principles of Auriculotherapy

Preamble

Because the Auriculotherapy Certification Institute (ACI) and its certificants are committed to the protection of human rights, its certificants strive to maintain the dignity and worth of the individual while rendering service, conducting research and training others. Since auriculotherapy is not an independent profession, all certificants are expected to belong to and operate within the principles of ethics governing their own discipline and those outlined herein. The certificants strive to provide optimum quality services and to differentiate for those served whether procedures provided have been proven effective clinically, or if such procedures are experimental. They accept responsibility for their actions and make every effort to protect the welfare of those they serve. They limit their services to those areas in which they have skills and expertise and recognize the need for competence, objectivity, freedom of inquiry, and honest communication.

This document of ethical principles is intended for use by all ACI certificants. Licensure and certification laws and regulations should reflect and support these principles and acceptance as ACI certification commits the certificant to adhere to these principles. A copy of these ethical principles will be sent to all applicants for ACI certification. The principles are intended to be preventive, educational, guiding, and action-oriented, and are to be applied with professional maturity. Certificants are required to co-operate with the Ethics and Standards Committees of ACI by responding promptly and completely, in writing, to inquiries from Ethics and Standards Review Committees. In addition, certificants are subject to the principles of ethics of their own professional disciplines. Lack of response may be a basis for reprimand and decertification. Individuals who are not ACI certificants, but who practice auriculotherapy, are encouraged to adhere to these ethical standards to help maintain and improve the image of auriculotherapy providers.

This document is revised on a regular basis. Comment is invited.

Purpose and Scope

The Ethical Principles of Auriculotherapy (EPOA) consist of a set of guidelines agreed to by the ACI which outline the moral duty, obligation, or custom on how certificants should behave professionally. The ethical principles that follow are not all-inclusive and should not be viewed as limiting the scope of ethical responsibility of ACI certificants. Rather, the principles that follow point out and underscore particular areas in which there is concern.

1. The EPOA are to be adhered to by ACI certificants and certificants must assure that the principles are adhered to by their employees engaged in auriculotherapy and auriculotherapy related activities, and individuals receiving training in the use of auriculotherapy under their supervision. ACI certificants will inform their employers of these Ethical Principles and will make every effort to urge their employers to co-operate with them in adhering to these principles.
2. The EPOA constitute the guidelines against which the ethical conduct of a ACI certificant is measured.
3. A violation of the EPOA may lead to disciplinary action decertification, and or a letter to the appropriate state licensing/certifying agent or the state or national association of the individual's professional discipline concerning the charges or action.

A. Responsibility

In utilizing auriculotherapy, ACI certificants adhere to the highest standards of their profession. They behave responsibly; accept responsibility for their behavior and the consequences of their behavior; ensure that auriculotherapy is used appropriately; and strive to educate the public concerning responsible use of auriculotherapy in treatment, research and training.

1. Each ACI certificant is responsible for adhering to the ethical principles of their profession; the local, state and federal laws relevant to their professional activities; and the Ethical Principles of ACI.
2. As practitioners, ACI certificants recognize their obligation to help clients acquire knowledge and skill within the confines of the highest professional standards and in the most cost efficient/effective manner possible.
3. As teachers, ACI certificants encourage the free pursuit of learning by their students, consistent with the best interest of their obligation to help others acquire knowledge and skill, and present information objectively, accurately and fully. They are guided by a conviction of the worth of advancement of knowledge.
4. All ACI certificants are responsible to be alert to and report to the ACI Ethics Committee false claims and misrepresentative statements about auriculotherapy, either as individuals, or through mechanisms available from ACI, or other professional organizations.

5. All practitioners realize that their professional activities with clients may result in changes in the lives of those clients and others. As such, practitioners guard against misuse of their influence and actions.
6. Auriculotherapy services are continued only as long as it is reasonably clear that clients are benefiting from the relationship. If another type of intervention is needed for which the practitioner is not qualified, the practitioner assists the person in obtaining the appropriate therapeutic services. Clients are never to be abandoned.

B. Competence

ACI certificants recognize the boundaries of their competence, and operate within their level of competence using only those auriculotherapy techniques in which they are competent by training and experience. They also recognize the proper limitations of auriculotherapy and inform all concerned parties about the clinical utility of particular procedures, possible negative effects, and whether the procedures are experimental or clinically verified. ACI certificants remain current on knowledge concerned with scientific and professional applications of auriculotherapy in those areas in which they practice.

1. ACI certificants should have at least "entry level" competence; i.e., having received licensing or certification from the appropriate state or national association for their profession.
2. Auriculotherapy assistants and technicians who are not professionally licensed or certified shall engage in auriculotherapy practice only under the supervision of a qualified professional.
3. Misrepresentation of one's qualifications, training, experience, degrees, and/or specialty is a violation of ethics.
4. Practitioners take it upon themselves to seek and obtain appropriate training and supervision when providing services in areas in which they are not yet competent.

C. Standards

ACI certificants are sensitive to prevailing community moral and ethical standards and to the possible negative impact that deviating from those standards may have upon the quality of their performance in applying auriculotherapy in fulfilling their professional responsibilities and in maintaining public trust in auriculotherapy.

1. No certificant may resign their ACI certificate while an ethical investigation of behavior relating to auriculotherapy is in progress.

2. It is an obligation of ACI certificants to report alleged ethical violations concerning auriculotherapy and its application to the Ethics Committee of the alleged violator's professional discipline and/or to the Ethics Committee of ACI.
3. Certificants will charge only for services actually provided by them or those provided by others under their direct supervision. In billing third party payers, practitioners clearly specify which services they provided and which they supervised.

D. Public Statements

ACI certificants recognize that all public statements, announcements of services and products, advertising, and promotional activities concerned with auriculotherapy should be conducted in such a manner as to help the public make informed choices. Statements about auriculotherapy will be based on scientifically verifiable information, including recognition of the limits and uncertainties of such data. ACI certificants accurately represent their qualifications, affiliations, and functions and do not mislead the public concerning their ACI certification.

1. Auriculotherapy providers shall accurately represent the efficacy of auriculotherapy procedures for all disorders or conditions being treated.
2. In providing service, publishing and marketing a product, ACI certificants use truthful and not misleading information in both direct and indirect statements about auriculotherapy. ACI certificants consider the context and source requesting information when considering making a public statement and guard against misrepresentation.
3. ACI certificants recognize that they have financial or ~~aiming~~ interest in the promotion of auriculotherapy activities and agree that this interest must be superseded by professional objectivity, humanistic concern, and the ethical principles of ACI and the other professional societies to which they are certificants. When a question arises as to their objectivity, they seek professional guidance from appropriate professional sources such as ACI, or the professional association of the discipline in which they are licensed.
4. Announcements and listing of services and tr offered by ACI certificants, such as telephone directory listing, letterheads, business cards, and descriptive brochures should be made in a professional manner and must adhere to the guidelines of the profession to which the certificant belongs. Only factual and accurate claims are to be made.

E. Confidentiality

ACI certificants maintain confidentiality of information obtained from persons in the course of their auriculotherapy activities. Release of information requires the written consent of the client, the client's legal representative or the existence of a situation in which not to do so could result in danger to the client or others. ACI certificants specify in advance the legal limits of confidentiality to clients/patients, particularly as it pertains to collection of fees. Confidentiality applies to clients in treatment, students in training and to research participants. Client records are stored or disposed of in ways that maintain confidentiality.

Records will be kept for a minimum of seven years and will be retained longer if required by state law.

F. Protection of Client Rights and Welfare

ACI certificants protect the welfare of clients, students, research participants, and other groups with whom they work. They inform all consumers of their rights, provide them with a written statement of these rights, and fully inform consumers as to the purpose and nature of procedures to be implemented and assure that client's rights are not abridged.

1. ACI certificants assure that the privacy and rights of the clients are protected.
2. Special care will be taken to protect the rights and consent of children receiving service, training, or when involved as research subjects.
3. Caution and common sense are required whenever a ACI certificant has physical contact with clients. Sexual intimacies with clients are prohibited. In addition, touching and massage require client permission and are restricted to those body areas considered appropriate for touch or massage within the realm of "common practice" for one's professional discipline. Touching of sensitive body parts, such as breasts or genitals is not acceptable in auriculotherapy practice, with the exception of a medical exam or medical treatment provided by a licensed medical practitioner.
4. ACI certificants do not discriminate against or refuse services to anyone on the basis of sex, race, religion, national origin or sexual orientation.

G. Professional Relationships

ACI certificants recognize the interdisciplinary nature of auriculotherapy and respect the competencies of colleagues in all professions. They strive to act in accordance with the obligations of the organizations with which they and their colleagues are associated.

1. ACI certificants are responsible for assuming that all patients/clients referred for treatment of a medical disorder or in whom a medical disorder is later identified are treated only in conjunction with medical consultation, as necessary, to best serve the welfare of the client.
2. Certificants should strive to be objective in their professional judgement of colleagues and should strive to maintain good professional relationships even when opinions differ.
3. ACI certificants avoid dual relationships with their patients/clients that could impair their professional judgement or increase the risk of exploitation. Certificants do not exploit clients, students, supervisees, employees, research participants or third party payers.

H. Research with Humans and Animals

ACI certificants conduct research to advance understanding of basic behavioral principles, to improve human health and welfare, and/or to advance science. As such, certificants carefully consider alternative research directions and assure that in the conduct of research the welfare of research participants (human and animal) is protected. All research will adhere to federal and state regulations and the professional standards of the certificant's profession with regard to the conduct of research.

1. The results of research will be released in a manner which accurately reflects research results and only when the findings have satisfied widely accepted scientific criteria. Any limitations regarding factors such as longterm effects and population samples will be explicitly stated. All descriptive materials distributed regarding clinical practice will be factual and straightforward.
2. Responsibility for the establishment and maintenance of acceptable ethical practice in research always remains with the individual investigator. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur similar obligations.

3. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that this possibility, together with the plans to protect confidentiality, be explained to the participants as part of the procedure for obtaining informed consent.
4. Ethical practice requires the investigator to inform the participant of all features of the research that reasonably might be expected to influence willingness to participate and to explain all other aspects of the research about which the participant requires. The ethical investigator protects participants from physical and mental discomfort, harm, and danger. If the risk of such consequences exists, the investigator is required to inform the participant of that fact, secure informed consent before proceeding, and take all possible measures to minimize distress. A research procedure may not be used if it is likely to cause serious and lasting harm to participants.
5. Ethical research practice requires the investigator to respect the individual's freedom to decline to participate in research or to discontinue participation at any time. The obligation to protect this freedom requires special vigilance when the investigator is in a position of power over the participant. The decision to limit this freedom increases the investigator's responsibility to protect the participant's dignity and welfare.
6. After the data are collected, ethical practice requires the participant with full clarification of the nature of the study. When scientific or human values justify delaying or withholding information, the investigator acquires special responsibilities to assure that there are not damaging consequences for the participant.

When the above standards are unclear and whenever appropriate, the ethical standards of the American Nurses Association, the American Physical Therapy Association, the American Medical Association, the American Dental Association, the American Chiropractic Association, the American Acupuncture Association, or other professional associations pertinent to the individual in question shall be used as a guide in determining whether the certificant has violated his/her professional standards. When a complaint is made, the ACI Ethics Committee shall use these ethical principles in evaluating the ACI certifiants conduct. The committee shall recommend appropriate additions, deletions, or revisions, as necessary, to the Executive Board for approval. Thereafter the ACI certifiants shall be required to adhere to the revised Ethical Principles.

Ethics Committee Procedures

The major concerns of the Ethics Committee of ACI are to protect the public against unethical practices by ACI certifiants and to educate the certifiants concerning acceptable ethical practice. The committee attempts to have complaints resolved by the Ethics Committee of a certificant's profession whenever possible. When that avenue fails, is inappropriate, or when the ACI certifiants are not professionally licensed or certified, the committee attempts to resolve complaints privately and informally and to recommend disciplinary action when unethical conduct is found to exist. The goal of the Ethics Committee is to be constructive and educative, rather than punitive. The committee will attempt to have the complaint resolved by the local or state auriculotherapy society, if one exists. When a complaint is received, the formal procedures of the ACI will be followed.

Individuals desiring more information about the ethical principles or wishing to register a complaint may contact the ACI Executive Director.

Adopted by ACI Board August 11, 1999.