

Table of Contents

Message from the Chair

Featured Articles:

- ~ Member Spotlight
Stephen Chan, DC
- ~ Chiropractors in
Cambodia
- ~ Artificial Intelligence
- ~ Traumatic Brain Injury
- ~ Changes to NBCE
Part IV

Disciplinary Actions

Commission Composition

Upcoming Meeting Dates

CE Credit Quiz



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Chiropractic Quality Assurance Commission Newsletter – March 2025; Edition 1 Welcome to the Chiropractic Quality Assurance Commission Newsletter

Our newsletter's purpose is to help inform the chiropractic community of issues related to Washington State chiropractic [statutes](#) and [rules](#), and the work of the [Chiropractic Quality Assurance Commission](#) (Commission).

Message from the Chair – Vanessa Wise, DC

I was appointed to serve on the Chiropractic Quality Assurance Commission in November of 2018. It has been both a learning and challenging experience. I was elected to a leadership role as vice-chair where I served for four years and am now honored to be serving as the chair of the Commission.

If we thought 2024 was a busy year, 2025 has started off with a bang. The commission had four committee meetings in January, one of which turned into a special meeting with the full commission and concluded with our regular commission business meeting.

Our first committee meeting was on the commission's budget as it is the forefront of most everyone's minds these days. The committee was tasked with taking a look at different line items in the budget and to come up with ways for the commission to save even more money in the upcoming biennium and present this to the full commission at the January 30th business meeting. After a thorough report was given to us from DOH staff, we found that we were under budget by about ten percent but that overall costs seemed to be on the rise. The budget committee will continue to work hard and strive for ways to cut costs without cutting our commitment to protecting the public.

The second committee meeting was a Rules Committee. There are several rules being updated or written and we are currently focusing on the topic of Chiropractic Preceptors. The committee made good progress thanks to the tireless efforts of Ms. Moe, Mr. Gerard, Dr. Clum and Ms. Judy Colenso, who is a protem public member.

Governor

The Honorable Bob Ferguson

Department of Health

Jessica Todorovich, Acting
Secretary

Bob Nicoloff
Executive Director

Tammy Kelley
Deputy Executive Director

Betty Moe
Director of Operations and Policy

Jenny Yeam
Compliance Manager

Commission Members

Vanessa Wise, DC; Chair

Jaskirat Walia, DC; Vice-Chair

William Davis, DC; Vice-Chair

Dana Clum, DC; immediate past
chair

Susan Bogni, MPA; Executive
Committee Public Member

Brian Chan, DC

Stephen Chan, DC

David Clifton, DC

Susan Jensen, JD; Public Member

Michael Long, DC

Mario Roybal, DC

Judge Julie Spector (ret.), Public
Member

Benjamin Zepeda, DC

The third committee meeting, which became a special full meeting, had to do with the Classification List that the Commission is required to maintain by statute. It was at this special meeting that with budgetary concerns in mind, it was discussed and decided that the upcoming business meeting which had been slated to be an in-person meeting would now be remote, saving money in travel costs. We were also able to welcome two new commission members who were just appointed to our commission. Dr. Mario Roybal from the Spokane region and Dr. David Clifton from the Tacoma area. We also said goodbye to former commissioner Dr. David Folweiler whose long service to the commission had been tantamount to our work and who now serves as a protem member.

The commission hadn't had a new commissioner appointed since 2022. This resulted in two vacant positions on the commission and Dr. Folweiler continuing to serve until someone was appointed to fill his position. Our commissioners have done a wonderful job of stepping up and working hard to make up for those missing appointments. Now that we have two new members, we are hoping that there will be less of a case load burden.

The time it takes for a new commission member to get up to speed for is quite extensive. An orientation for new commissioners was provided when they were appointed. Each new commission member is also paired with a more senior commission member to answer questions and assist them in their cases. Dr. Bill Davis and Dr. Dana Clum were kind enough to step up and agree to be mentors.

Another Classification List committee meeting took place to discuss a request from the public. After a lengthy discussion and sharing of ideas, it was determined that the Commission would need additional information before making a decision.

I would also like to share that Ms. Moe and Dr. Brian Chan are participating in Fluoroscopy Rules committee meetings. Although this is not a committee of the Commission, their commitment to this has been important for making sure that the Chiropractor's voices are heard and their roles are understood. Their serving in this capacity is very appreciated.

Finally, the Commission's business meeting was held remotely on January 30. It began at 9 am and lasted until 2:30 pm, it was one of our longer virtual meetings. Several items were on the agenda including a budget presentation, a rules workshop and further discussion on the classification lists. The animal manipulation committee also shared that there is currently a draft bill on animal manipulation.

The commission will continue to focus on cost-savings as we continue in the first quarter of the year. We look forward to working with the two new commissioners to help shoulder the load. As the first phase of HELMs gets implemented it will also bring more streamlined services and it'll be exciting to see what the next quarter brings.

Commission Member Spotlight

By: Stephen Chan, DC

Dr. Stephen Chan is a chiropractor based in Bellevue, Washington and graduated from Western States Chiropractic College in 2001. He was born in Oregon and raised in Vancouver, Canada. Dr. Chan chose the chiropractic profession for its emphasis on non-invasive, drug-free methods, focusing on the body's natural healing abilities, and encouraging patients to actively participate in their health.

With a commitment to learning chiropractic techniques and approaches to improve patient outcomes, Dr. Chan has dedicated much of his free time to continuing education. Dr. Chan is Diplomate of the American Chiropractic Board of Sports Physicians (DACBSP), and is finishing his diplomate in rehabilitation (DACRB) and pediatrics (DACCPC) as well. He has completed his Advanced Certification in Whiplash and Brain Injury Traumatology through the Spine Research Institute of San Diego (SRISD).

Dr. Chan's practice is dedicated to the well-being of individuals from various backgrounds. Serving a diverse clientele, his patients range from infants to the elderly, encompassing everyone in-between, including both weekend warriors and professional athletes. His practice caters to wellness-seekers as well as those recovering from injuries sustained at work or in motor vehicle collisions.

Dr. Chan finds fulfillment in connecting with his patients and providing assistance wherever possible. Recognizing the importance of communication, he has learned that building trust involves understanding patient concerns and explaining treatment plans clearly. Dr. Chan emphasizes compassionate and empathetic communication, recognizing that it contributes to improved patient compliance and satisfaction.

Dr. Chan was appointed to the Washington Chiropractic Quality Assurance Committee by Governor Inslee in 2019. Dr. Chan is grateful to have opportunity to be serving his second term as a commission member. He finds the work very rewarding and appreciates having a deeper understanding of the chiropractic profession's regulations and operations.

Dr. Chan is married to his wife Cindy, who is a therapist and stand-up comedian. In his spare time when he is not learning, he is exploring new restaurants and tackling his honey-do list.

Chiropractors Helping Children in Cambodia

By: Susan Jensen, JD Public Member

I had the good fortune to meet Ms. Tanya Lawrence on a recent plane flight. She is from Australia and spends time in rural Cambodia as director of volunteer services for Restore One Charity, the organization she co-founded in 2013. I was impressed by her emphasis on educating children to restore hope to families and communities.

Tanya further captured my attention when she mentioned that chiropractors and chiropractic students regularly visit to see to the children's health. She shared that the first children served by Restore One are now graduating from universities. Read more at www.restoreone.org.au

When I suggested a newsletter article about Restore One, I was introduced to Dr. Jennifer Luu, principal chiropractor at Knox Chiropractic and Wellness in Melbourne AU. See, www.knoxchiropractic.com.au

Dr. Luu has been leading groups of chiropractic senior students in Cambodia since 2013. The students, who are self-funded or partially sponsored by their schools, treat village children and their families. Dr. Luu graciously contributed to the article that follows this introduction.

Note that Restore One volunteer opportunities are not limited to senior students. In the words of Ms. Lawrence: *All chiropractors with kind hearts and hands are welcome.*

The Cambodia Experience

By: Dr. Jennifer Luu, Chiropractor - Australia

To be of service, no matter the situation or location.

Imagine a world where every child can be checked regularly and adjusted at school. Can we envision the effects of regularly checked and adjusted children could have on the world when they become adults? What would their opinions of health be? What would their expression of life be and how would this contribute to society and future generations?

In August this year, nine Australian Chiropractic College (ACC) final year students had the opportunity to undertake a part of their chiropractic placement in Cambodia with Restore One Charity and To Love & Serve. The mission of Restore One Charity is to restore one child, one family, one village at a time, a very similar vision to that of B.J. Palmer's *'The Big Idea'*.

Why Cambodia do you ask? Cambodia was once one of the most promising economies in Southeast Asia, it was torn apart by the genocidal Khmer Rouge terror that occurred mostly in the 1970s. During this period, Cambodia's social and economic foundation was all but destroyed. Entire cities were evacuated, with buildings left in ruins. Most of the population was forced to work as slave labour in rice paddies. Up to 2 million people (a quarter of the country's population) died because of starvation, disease, torture and executions. Most Cambodians today live in impoverished rural areas, where human trafficking is rife. Such important history leads to chiropractic students having a two-week experience here, to be of service, no matter the situation or location.

As well as mobile chiropractic clinics in rural villages, students were responsible for checking and adjusting children of the Restore One Charity High School and a local primary school. The Cambodian high school students have been receiving chiropractic care since 2013, can we imagine such opportunity here in Australia? Students saw a vast range of presentations and conditions across a wide demographic which greatly developed their clinical skills and their certainty in making the case for chiropractic care. ACC students also gifted a family with their own outside toilet, having painted this toilet with a mixture of Australian and Cambodian landscapes.

Such experiences for students who are about to embark on their chiropractic careers provides them with certainty of the impact of chiropractic care. These students, soon-to-be-colleagues will lead their communities with service and purpose, thus influencing humanity one adjustment at a time.

Artificial Intelligence in the Chiropractic Profession

By: Susan Bogni, MPA, Public Member

Artificial Intelligence – AI, is becoming an increasingly important tool in many healthcare fields, including chiropractic care. However, its use in chiropractic care is still in its early stages compared to mainstream medicine. The chiropractic focus on diagnosis and treatment of neuromuscular disorders by manually adjusting the spine and other parts of the musculoskeletal system has helped millions of patients around the world. AI presents the potential for enhancing patient management and outcomes through its diagnostics and treatment capabilities. AI in chiropractic care could lead to more personalized treatment plans using analytic data that identifies genetic makeup, lifestyle and clinical history to predict which treatments might best suit the patient. Its ability to identify musculoskeletal conditions is one of the most significant contributions in diagnostics. AI-driven imaging technologies such as machine learning algorithms can analyze spinal X-rays, MRIs and other diagnostic images to detect abnormalities efficiently, faster and more accurately than human doctors in certain cases. These systems can identify subtle misalignments, degenerative changes or herniated discs that might be missed by the human eye. And its ability to analyze complex medical data has shown to be incredibly accurate.

Wearable technology that tracks posture, movement and physical activity levels can provide real-time data to chiropractors who can be alerted to patient's whose posture deviates from a healthy alignment or when stress or strain on certain joints is detected thus allowing for adjustments to be made more dynamically rather than waiting for a patient to return with worsened symptoms. And there is some data that indicates AI technology has improved patient satisfaction in regard to accelerated response time from their physicians and added improvement in patient engagement in their personal health concerns.

AI in chiropractic care has great promise but it doesn't come without challenges...ensuring the accuracy and comprehensiveness of its use chief among them. It is often difficult to quantify a patient's pain and nuances of it fully through data. The cost of AI technologies in chiropractic clinics can also block its use – especially in smaller clinics. There is a natural reluctance to exchange healthcare data in an AI-based system due to the vulnerability to hackers and data breaches around data security and privacy. Patient consent is another key component of data privacy issues.

AI has made substantial progress toward making healthcare more personalized, predictive, preventative and interactive. But there is a lot that still needs to be addressed in terms of data reliability, confidentiality, moral and ethical issues, privacy and universal guidelines for its use. The world, including Washington State, is engaged in assessing the potentials and drawbacks of artificial intelligence.

The Washington State Legislature passed ESSB5838 in its 2024 session. This established an Artificial Intelligence Task Force, administered by the Attorney General's Office. They are tasked with assessing current uses and trends of AI and to make recommendations to the Legislature regarding guidelines and potential legislation for the use of AI systems. There are 8 sub committees who have been holding meetings since August, 2024 covering a plethora of topics including healthcare and accessibility. To provide comment and listen to any of the committee meetings, or if you would like to be on the notification email list to make comments or hear the progress of a committee you are welcome to email the staff at AI@agt.wa.gov at least 24 hours prior to a task force meeting.

An initial report from the task force is expected December, 2024, followed by an interim report due December, 2025, and a final report due July, 2026.

Traumatic Brain Injury Documentation in Washington State

By David Folweiler, DC, DACRB

In your clinical encounters, it is likely that you will encounter patients who have both musculoskeletal injuries and what appears to be traumatic brain injury. Most chiropractors will see patients injured in motor vehicle crashes (MVCs), and it is common to have both musculoskeletal injuries and brain injuries following MVCs. Chiropractors excel at treating musculoskeletal injuries that occur in MVCs.

While other states have a broader scope of practice, in Washington State, chiropractors are limited by law to managing “the vertebral subluxation complex and its effects, articular dysfunction, and musculoskeletal disorders.”¹ A plain reading of the statute appears to exclude the direct management of traumatic brain injury.

The scope of chiropractic in Washington State is further defined in law to include – “[a]s part of a chiropractic differential diagnosis, a chiropractor shall perform a physical examination, which may include diagnostic x-rays, to determine the appropriateness of chiropractic care or the need for referral to other health care providers. . . .”² Chiropractors are required to identify conditions that may or may not be within the scope of chiropractic. If a condition is outside the scope of chiropractic, or may benefit from management by, or co-management with, other providers, it is incumbent on chiropractors to determine the potential benefit of referral to other providers.

Further, as part of their documentation, a chiropractor “must keep complete and accurate documentation . . .”³ This would include all symptoms associated with the patient’s injuries regardless of whether the condition is within the chiropractor’s scope of practice. For example, WAC 246-808-560(2) provides, among other things, that “(2) [d]ocumentation for the initial record must include at a minimum: (a) The patient's history; (b) Subjective presentation; . . .”⁴

While you are recording the symptoms associated with a patient's musculoskeletal injuries, it is essential to record symptoms that may be related to other conditions, including traumatic brain injury, such as head pain, dizziness, diminished short-term memory, personality changes including irritability and depression, sleep disturbances, altered reaction times, difficulty focusing and/or multi-tasking, altered social relationships, etc.

I suggest that you record all symptoms associated with the patient’s injuries but avoid the appearance of directly managing traumatic brain injury in your documentation. Suggested language for your documentation might be: “The patient complains of a constellation of symptoms commonly associated with traumatic brain injury.” This may be followed by “I have referred [the patient] to [another provider] for the assessment and management of a potential brain injury.” and/or “As part of managing this patient’s musculoskeletal injuries, I will monitor the patient’s cognitive symptoms.”

¹ [RCW 18.25.005\(1\).](#)

² [RCW 18.25.005\(3\).](#)

³ [WAC 246-808-560.](#)

⁴ [WAC 246-808-560\(2\).](#)

To conclude, I caution chiropractors to avoid the appearance of direct management of traumatic brain injury in their documentation. Instead, I encourage chiropractors to document the symptoms associated with traumatic brain injury and, when appropriate, make a referral to healthcare provider(s) whose scope of practice includes the diagnosis and management of this condition.

“The health and welfare of the patient shall always be paramount. (1) A chiropractor owes their patient(s) the highest degree of skill and care. . . .”⁵ I appreciate all that you do to help patients get well and, once well, keep them well. I hope you are striving to be the best chiropractor you can be. That includes providing the best documentation and referring patients to other providers when appropriate.

Changes are on the way for National Boards Part IV

By: Bill Davis, DC DACS

Part IV of National Boards has remained relatively unchanged since 1996. Under the current format, examinees rotate through 25 individual stations that include the likes of Case History, Orthopedic and Neurological Testing and Technique. One significant change however, was moving Digital Imaging from Part IV to Part III in 2018. As it is currently structured, the test is administered two times each year at multiple test sites throughout the country. As you can imagine, with multiple sites being utilized simultaneously, each of which requires a large number of standardized patients, proctors and examining doctors, conducting the tests is a massive operation.

Always searching to provide the best and fairest testing methods, in 2020 the National Board of Chiropractic Examiners, NBCE, began evaluating the possible redevelopment of the process with the goal of developing a method of testing whereby the candidate is tested in a manner more consistent with real life clinical encounters.

In an effort to learn more about potential changes to the Part IV testing format, I was fortunate to be able to speak with Robert Daschner, DC who is an FCLB Appointed Director for NBCE. He was able to tell me that earlier this year a pilot test was performed at the University of North Texas. In this test, two groups of students, totaling 15 participants, took part in an eight-station test. The data from the pilot test is still being interpreted. Consequently, the number of stations, as well as the amount of time provided at each station is still under evaluation. Testing may, and I emphasize the word may, include a candidate and a simulated patient with evaluations being performed remotely through video recordings.

As currently proposed, all testing would be moved to NBCE’s homebase in Greeley, Colorado. The move to Greeley would allow testing to be administered three days per week, 48 weeks per year. This is a substantial change from the current testing model which is only offered two times per year. In this format, a candidate who fails the test could immediately apply to retest and not have to wait a full six

⁵ [WAC 246-808-360](#).

months like the current format requires. Another obvious benefit to testing at just one site is the ability to better control all variables and certainly, one would think it would be more cost effective as well.

I want to be very clear that NBCE is still evaluating the data from the pilot test and many aspects of the proposed testing changes are still to be determined. It is likely that the existing testing format will remain in place for all of 2025 and through the May testing of 2026.

I have personally had the opportunity to work with NBCE as an examiner at numerous test sites throughout the country and its commitment to excellence is very apparent. The current test format is very straightforward, well run and fair, and I am certain that any upcoming changes will only enhance the entire process.

Update Your Personal Information

You are responsible for maintaining your license, including updating your contact information. This includes name, address, phone number, and email address.

We must have your current mailing address in our system. This is especially important because we mail your courtesy renewal notice and updated credential to the address on file. The U.S. Postal Service doesn't forward state mail.

It is also very important to keep your email address current. Having a current email address allows us to communicate with you quicker than using the postal service.

To update your name and address, please complete the contact change form, this form can be used for address, phone number, fax number or email changes www.doh.wa.gov/CQAC

How to change your name

To change your name, you must send us the following:

- Your credential number(s).
- One legal document supporting your name change:
 - Marriage certificate, divorce decree or court order of legal name change.

Your name can't be changed without documentation.

Name change requests and documentation can be sent to: CQAC@doh.wa.gov

Please subscribe to our Gov Delivery email notification system to get email alerts, this is the system we use to communicate with our interested parties. You can join at: www.doh.wa.gov/CQAC

Please note, we are not able to update your email address in this system, if you change your email address, you will need to change the address in this system to continue receiving communications from us.

Disciplinary Actions

Information about healthcare providers is included at the Department of Health's website. Select [Provider Credential Search](#) on the Department of Health home page (www.doh.wa.gov). The site includes information about a healthcare provider's license status, the expiration and renewal date of his or her credential, disciplinary actions if any, and copies of any legal documents issued after July 1998. You may also get this information by calling 360-236-4700. Consumers who are concerned that a healthcare provider acted unprofessionally are encouraged to report a [complaint here](#).

The Chiropractic Quality Assurance Commission has taken the following disciplinary actions:

Benton County

In September 2024 the secretary of health issued chiropractor **Bradley Leroy Akridge** (CH00001829) a cease-and-desist order after Akridge continued to engage in the practice of chiropractic care after their license was suspended in June 2009.

In November 2024 the Chiropractic Commission charged chiropractor Corey Scott Nay (CH60443785) with unprofessional conduct. Nay allegedly used a hidden camera to record a patient undressing and receiving treatment.

Chelan County

In December 2024 the Chiropractic Quality Assurance Commission indefinitely suspended Christie Marie Collier's (CH60186568) chiropractor license. Collier failed to complete conditions of the agreed order on reinstatement by withdrawing from a recovery and monitoring program in July 2023. Collier has failed to respond to a statement of charges sent in September 2024.

In December 2024 the Chiropractic Quality Assurance Commission charged chiropractor Derrick W. Pratt (CH00033995) with unprofessional conduct. In August 2022, Pratt was convicted of harassment DV (domestic violence), a gross misdemeanor.

Clark County

In September 2024 the secretary of health dismissed the charges of unprofessional conduct against chiropractor **Harley Orville Youngblood** (CH00003002).

Cowlitz County

In September 2024 the Chiropractic Quality Assurance Commission released **Anik J. St. Martin** (CH00033965) from the terms and conditions on their chiropractic license.

King County

In October 2024 the Chiropractic Quality Assurance Commission withdrew the charges against chiropractor Raymon Kooner (CH00034656).

Kitsap County

In November 2024 the Chiropractic Commission and the Marriage and Family Therapy Program charged **Thomas William Papsco** (CH00034439, MG60615821) with unprofessional conduct. During a March 2022 therapy session, Papsco made inappropriate sexual comments to a patient.

Okanogan County

In August 2024 the secretary of health indefinitely suspended the chiropractor license of John Herbert Hammer (CHIR00003140). Hammer failed to comply with his 2022 agreed order by failing to pass the jurisprudence exam and failing the audit.

Pierce County

In November 2024 the secretary of health charged chiropractor **Asa Nels Hansen** (CH60127381) with unprofessional conduct. In March 2023, Hansen was convicted of multiple felonies involving minors, including two counts of third-degree rape of a child, two counts of third-degree child molestation, and communication with a minor for immoral purposes. In December 2024 the secretary of health and Hansen agreed to conditions that suspend Hansen's chiropractor license. Hansen may not petition for reinstatement of a license for at least 10 years.

Snohomish County

In December 2024 the Chiropractic Quality Assurance Commission placed the chiropractor license of **Kyle Matthew Osborne** (CH60450085) on probation for at least one year. Osborne must pass an ethics exam, allow audits and at least three unannounced reviews of his practice at his place of employment. Osborne must also pay a \$10,000 fine. Osborne was the sole owner of a chiropractor business where his employee was referring patients to another business in which Osborne was co-owner. The patients were not notified of Osborne's financial interest in the referrals to the other business.

Whatcom County

In October 2024 the Chiropractic Quality Assurance Commission released **Michael John Motel** (CH60544585) from the conditions on his chiropractic license.

In December 2024 the Chiropractic Quality Assurance Commission released **Brian David Boyd** (CH00003375) from the terms and conditions on his chiropractor license.

Yakima County

In November 2024 the secretary of health suspended the chiropractor license of Jorge Antonio Barrientos-Lopez (CH60325178) pending further legal action. Barrientos-Lopez was arrested on criminal charges of third-degree rape of a child-domestic violence; first degree incest-domestic violence; second degree incest-domestic violence. Barrientos-Lopez cannot practice in Washington until the charges against his credentials are resolved.

Commission Composition

The Commission is composed of eleven chiropractors and three public members, all appointed by the governor. Commission members may serve a maximum of two four-year terms. All members must be residents of Washington.

Commission duties include:

- Establishing qualifications for minimal competency to grant or deny licensure of chiropractors.
- Regulating the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent standards of practice.
- Developing continuing competency mechanisms.
- Assessing, investigating, and making recommendations related to complaints.
- Serving as reviewing members on disciplinary cases and serve on disciplinary hearing panels. Serving as members of standing committees, when appointed.
- Developing rules, policies and procedures that promote the delivery of quality healthcare to state residents.

If you are interested in [applying for a position](#) on the Commission, or in learning more about Commission member duties, please read the information on our website <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Chiropractor/CommissionInformation> or contact the executive director at 360-236-4924 or at bob.nicoloff@doh.wa.gov.

Do you have ideas or suggestions for future Commission newsletters? Is there something specific that you think we should address or include? Please submit suggestions to tammy.kelley@doh.wa.gov or CQAC@doh.wa.gov

Remaining 2025 Meeting Date

May 8, 2025

July 10, 2025

September 11, 2025

November 13, 2025

Earn Continuing Education Credit!
Take the Continuing Education Quiz

The Commission allows one hour of continuing education credit for reading this newsletter. To qualify, please take the quiz below. Keep the completed quiz with your other continuing education proof of completion.

If you are audited, provide the quiz along with your other proof of continuing education and you will receive one hour of continuing education under [WAC 246-808-150\(5\)\(p\)](#).

1. How many meetings did the Commission have in January?
 - Four
 - One
 - Three
 - Five
2. The Attorney General's Office has an Artificial Intelligence Task Force.
 - True
 - False
3. Dr. Stephen Chan graduated from what chiropractic college?
 - University of Western States
 - Sherman College of Chiropractic
 - Life Chiropractic College West
 - Palmer College of Chiropractic
4. The current proposal is for NBCE part IV to be offered:
 - Two times a week, 50 weeks a year.
 - Three times a week, 48 weeks a year.
 - One time a week, 12 weeks a year.
 - Twice a month, 11 months a year.
5. Restore One Charity has been providing chiropractic care to students in Cambodia since:
 - 2009
 - 2011
 - 2013
 - 2019