



Print Name \_\_\_\_\_

## Clinical Privileges Profile Medical Acupuncture

### Kettering Medical Center System

Kettering Medical Center       Sycamore Medical Center

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

#### **Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

#### **QUALIFICATIONS FOR MEDICAL ACUPUNCTURE**

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**To be eligible to apply for core privileges in medical acupuncture, the applicant must meet the following criteria:**

Meet qualifications to be a member of the Medical Staff.

AND

Must maintain clinical privileges in primary medical/surgical specialty.

Have obtained at least 300 hours of graduate training in Medical Acupuncture at AMA Category 1 certified programs, or equivalent training to be approved by the hospital's Credentials Committee, or by consultation with, or endorsement by, the American Academy of Medical Acupuncture.

AND/OR

"Current certification by the American Academy of Medical Acupuncture, or within six years of first receiving privileges for Medical Acupuncture in the Kettering Medical Center System."

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the provision of medical acupuncture, for at least six (6) patients during the past 12 months or demonstrate successful completion of 300 hours of graduate training in Medical Acupuncture at AMA Category 1 certified programs, or equivalent training to be approved by the hospital's Credentials Committee, or by consultation with, or endorsement by, the American Academy of Medical Acupuncture within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in medical acupuncture, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Provide evidence of a minimum of 20 of CME hours in Medical Acupuncture for the past 24 months.

**CORE PRIVILEGES**

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**MEDICAL ACUPUNCTURE CORE PRIVILEGES**

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**Requested**

Evaluate, diagnose, treat, and provide consultation to patients of all ages. Assess and treat patients consistent with medical staff policy regarding consultative call services. Establish diagnoses within the traditional framework of Western medical thought. The patient's treatment options should be documented as well as the rationale for using Medical Acupuncture in each particular situation.

**CORE PROCEDURE LIST**

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Acupuncture performed with or without electrical stimulation.

**ACKNOWLEDGEMENT OF PRACTITIONER**

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I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee action** **Date:** \_\_\_\_\_

**Medical Executive Committee action** **Date:** \_\_\_\_\_

**Board of Directors action** **Date:** \_\_\_\_\_

Adopted: 5/12/2011