



Privileges in SHC - Acupuncture Privileges

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Limited Acupuncture

Documentation of training in the theory and clinical practice of acupuncture for specific indication(s)

AND

Additional acupuncture treatment may be performed under the following conditions: For specific indications in a patient after consultation with a physician who has full acupuncture privileges at Stanford Hospital and Clinics Under an IRB approved protocol where the physician provider with limited acupuncture privileges is a named investigator or is directed by a physician with full acupuncture privileges at Stanford hospital and Clinics.

Full General Acupuncture

Documentation of a 300-hour acupuncture training course, that includes a clinical practice component and is recognized by the American Academy of Medical Acupuncture (AAMA),

OR

Documentation of a 220-hour acupuncture training course and at least two (2) years of clinical experience

OR

Documentation of completion of a 3-year acupuncture training program for non-physicians AND approval of the Service Chief, Division Head, or Clinic Director.

Provide care on LPCH patients in specific areas of SHC

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Additional Request	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status	<input type="checkbox"/>

Limited Acupuncture Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Limited privileges to perform medical acupuncture for specific indication(s) in which the physician received training (i.e., for the treatment of Perioperative nausea and vomiting)	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum 10 cases required during the past 2 years

FPPE

Limited Acupuncture

Special Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Full General Acupuncture Privileges	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum 20 cases required during the past two years

FPPE

Full Acupuncture

Acknowledgment of Applicant

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 Stanford Hospital. and Clinics I also acknowledge that my professional

[applicant]

malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____