



Acupuncture Privileges
(for physicians)

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. **Minimum 11 patient contacts per year**
- Courtesy-Admitting** – Member in good standing in another TJC, AAAHC or AAAASF accredited hospital. **Admits/treats 3 – 10 patients per year at SHC**
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. **Must have teaching appointment with the Stanford School of Medicine**
- ONLY** provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – **requires Active or Courtesy Status at LPCH**

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL or UTL) Clinical Educator Adjunct Clinical Faculty

Teaching Title: _____

LIMITED ACUPUNCTURE PRIVILEGES			
REQUESTED	INITIAL CRITERIA (Unless waived by an Acupuncture Co-Director)	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
<input type="checkbox"/>	<p><i>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)</i></p> <ul style="list-style-type: none"> • Documentation of training in the theory and clinical practice of acupuncture for specific indication(s) • Additional acupuncture treatment may be performed under the following conditions: <ul style="list-style-type: none"> ○ 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. 	<p><i>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</i></p> <p>Appropriate number of cases performed per year as based on Category: _____ # of cases in past 2 years</p>	5 Chart Reviews

FULL GENERAL ACUPUNCTURE PRIVILEGES			
REQUESTED	INITIAL CRITERIA (Unless waived by an Acupuncture Co-Director)	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
<input type="checkbox"/>	<ul style="list-style-type: none"> • 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. 	<p><i>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</i></p> <p>Appropriate number of cases performed per year as based on Category: ____ # of cases in past 2 years</p>	5 Chart Reviews

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Privileges you are requesting.**

ACKNOWLEDGMENT OF PRACTITIONER:

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 & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

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.

Applicant Signature: _____

Date: _____

If sending by email, type your name in the box above.

If sending by mail, please print first and then sign.