

Delineation Of Privileges

Medical Acupuncture

Provider Name:

Privilege	Requested	Granted
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Initial Criteria:

- MD/DO meeting the membership/privileging criteria in his/her Department
- Certificate of completion of a 300-hour acupuncture training course, that includes a clinical practice component recognized by the American Academy of Medical Acupuncture or the American Board of Medical Acupuncture

Evaluation Requirements:

- A retrospective review of a minimum of 5 cases

Renewal Criteria:

- A minimum of 20 cases in the previous 24 months
- Documentation of a minimum of 5 hours of accredited CME related to the practice of acupuncture

Core Privileges:

Admit patients, perform a history and physical examinations and practice acupuncture, defined as the insertion of acupuncture needles, with or without accompanying electrical or thermal stimulation, at certain acupuncture points or meridians on the surface of the human body for purposes of changing the flow of energy in the body and may include acupuncture, cupping, moxibustion, or dermal friction.

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 the Ventura County Medical Center, Santa Paula Campus Hospital and/or within the VCMC Ambulatory Care System. I understand that exercising any clinical privileges granted, I am constrained by the hospital and medical staff policies and rules applicable generally and any applicable to the particular situation. I am willing to provide documentation of my current competence for the requested privileges.

Applicant's Signature:

_____ Date: _____

TEMPORARY PRIVILEGE APPROVAL

Department Chief's Signature:

_____ Date: _____

Evaluator Assignment:

☐ **PROVISIONAL** ☐ **RENEWAL APPROVAL**

Department Chief's Signature:

_____ Date: _____