



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

Limited Acupuncture Privileges

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	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)	

Qualifications

Renewal Criteria Minimum 10 cases required during the past 2 years

FPPE

Limited Acupuncture

Special Privileges

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

Qualifications

Renewal Criteria Minimum 20 cases required during the past two years

FPPE

Full General 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

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 _____