ACUPUNCTURE (Non-Physician)

BASIC QUALIFICATIONS FOR INITIAL APPLICATION:

1. Successful completion of a formal acupuncture training program; or compliance with the eligibility criteria for the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM);
2. Current certification in acupuncture by the National Certification Commission of Acupuncture & Oriental Medicine (NCCAOM);
3. Current Colorado State License as an Acupuncturist; **AND**
4. Current competency evidenced by completion of training or active clinical practice within the previous 24 months, with performance of a cross section of the practice privileges noted on the following page, and relevant continuing education. **Please include an activity log with your application.**
5. Current Red Cross or American Heart Association BLS Certification that includes a skills lab.

QUALIFICATIONS FOR RECREDENTIALING:

1. Current Colorado State License as an Acupuncturist;
2. Current certification in acupuncture by the NCAOM;
3. Current competency evidenced by active clinical practice, performance of a cross section of the practice privileges noted on the following page, **please include an activity log with your reapplication**, and relevant continuing education; **AND**
4. Acceptable outcomes in the practice privileges requested for the previous 24 months as a result of quality assessment/performance improvement activities.
5. Current Red Cross or American Heart Association BLS Certification that includes a skills lab.

ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and which I wish to exercise at **Boulder Community Hospital**, and;

I attest by signature that I have met the minimum criteria for procedures/diagnoses management as stated on the following pages within the past 24 months, and have provided documentation where specifically requested. I agree to provide any additional documentation if requested. **Documentation for minimum criteria of procedures performed may be fulfilled from other hospital affiliations.**

I understand that:
- In exercising any privileges granted, I am constrained by all Hospital and Medical Staff policies; and
- Performing procedures outside of my privileges may result in immediate suspension and/or loss of privileges.

Applicant Signature ___________________________________________ Date ________________________________

Printed Name

1 of 3
DO NOT WRITE IN ANY ADDITIONAL PRIVILEGES / PROCEDURES. If you wish to perform a procedure that is not listed on this form, please contact the Medical Staff Department.

**TURN THIS PAGE AND REQUEST PRIVILEGES**

<table>
<thead>
<tr>
<th>ARE YOU APPLYING FOR THIS PRIVILEGE?</th>
<th>PRIVILEGES / PROCEDURES</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES</td>
<td><strong>Acupuncture CORE Privileges</strong> ACU/A</td>
<td>An acupuncturist may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient: <strong>Excluding antipartem patients (laboring patients), unless they can document that they carry additional OB malpractice coverage.</strong></td>
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- Acupuncture diagnosis and evaluation;  
- Insertion and removal of acupuncture needles. Only sterilized, single-use disposable needles may be used, and shall be disposed according to Hospital policy;  
- Application of smokeless liquid moxa and heat therapy.  
- Application of percutaneous electrical stimulation with electro-acupuncture devices. Such devices shall remain in the hospital and undergo initial/periodic maintenance.

The attending physician retains ultimate medical responsibility for the patient, and performs all attendant duties, including admission H&P examination and discharge summary.

Details of treatment are at the discretion of the acupuncturist. The acupuncturist shall chart pertinent treatment information in the medical record immediately following each patient encounter.

The acupuncture shall report promptly to the attending physician the method of acupuncture treatment, the results of such treatment, and such other information requested by the attending physician in order to maintain a comprehensive record of patient care.

The attending physician shall be notified immediately of any complications of acupuncture treatment.

The acupuncturist must clearly identify him/herself as an acupuncturist to hospital staff, patients and families.

The acupuncturist shall obtain a signed informed consent and shall ensure that a completed “Mandatory Disclosure of Information to Patients” form, as required by licensure, is included in the medical record prior to any patient encounters.

February 24, 2014
| [ ] YES | **Oriental Massage SPECIAL Acupuncture Procedures**  
An acupuncturist may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient. ACU/B |
| --- | --- |
| Criteria for **INITIAL** Application:  
- Core Acupuncture Practice Privileges  
- Documentation of specialized training for Oriental Massage  
- Current competence evidenced by completion of recent training or active clinical practice during the previous 24 months, and relevant continuing education. |
| Criteria for **RECREDENTIALING** Application:  
- CORE Acupuncture Privileges  
- Current competence evidenced by active clinical practice during the previous 24 months, and relevant continuing education; **AND**  
- Acceptable outcomes in the practice of Oriental Massage for the previous 24 months as a result of quality assessment/performance improvement activities. |