

Privileges for: Acupuncture

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: May 27, 2010, February 27, 2014

Board Approval: September 13, 2010, May 5, 2014

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

- Successful completion of an ACGME/AOA-accredited residency program.
- Successful completion of 200 hours of graduate training in Medical Acupuncture at an AMA Category One certified program, or equivalent training (i.e., NCCA certification)
- At least one letter of recommendation specifically addressing and attesting to the applicant's qualifications and experience in practicing Medical Acupuncture

**Note:** For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

**I. Core Privileges:** Core privileges in acupuncture include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Acupuncture: Admit patients, perform history and physical examinations and practice acupuncture, defined to be 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 acupressure, cupping, moxibustion, or dermal friction. The practice of acupuncture shall not include laser acupuncture, osteopathic manipulative treatment, chiropractic adjustments, physical therapy, or surgery.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_