

UNMH Acupuncture Medical Staff Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/30/2015

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Acupuncture

Initial Applicant - *To be eligible to apply for privileges in acupuncture, the initial applicant must meet the following criteria:*

Current valid licensure to practice as an MD issued by the New Mexico Medical Board

AND

Certificate of completion of a minimum of 300 hours of formal instruction in medical acupuncture and 100 clinical hours from an American Board of Medical Acupuncture (AMBA) certified program or National Certification Commission for Acupuncture and Oriental Medicine accredited program or equivalent accredited program approved by the Department Chair

AND

Required current experience: Provision of care to an adequate volume of patients for the past 24 months, documenting the ability to provide services at an acceptable level of quality and efficiency as a result of quality assessment/improvement activities and outcome (at least one letter of recommendation specifically addressing and attesting to the applicant's qualifications

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and experience in practicing Medical Acupuncture)

OR

Demonstrate same under supervision for a minimum of six months prior to being independently privileged

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in acupuncture, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Acupuncture*

Requested

Acupuncturist Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

Treatment in accordance with national laws and regulations including:

1. Evaluation, management and treatment services
2. Diagnostic examination, testing and procedures
3. The procedures of acupuncture and other related procedures
4. The stimulation of points, areas of the body, or substances in the body using qi, needles, heat, cold, color, light, infrared, cold laser, and ultraviolet, bleeding and suction
5. Physical medicine modalities, procedures and device

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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 for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. 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.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Division Chief recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Patient Safety Officer recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 10/30/2015