



**Medical Acupuncture KHMC & KHMB**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. 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 doubts related to qualification of requested privileges.

**Clinical Service 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.

**NOTE:** Privileges granted may only be exercised at the site(s) and setting(s) 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.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

<b>Membership</b>	Meet qualifications to be a member of the Medical Staff <b>AND</b> Must maintain clinical privileges in primary medical/surgical specialty
<b>Education/Training</b>	Have obtained at least 300 hours of graduate training in Medical Acupuncture at AMA Category 1 certified programs or equivalent training to be approved by the hospital's Credentials Committee or by consultation with or endorsement by the American Academy of Medical Acupuncture. AND/OR "Current certification by the American Academy of Medical Acupuncture or within six years of first receiving privileges for Medical Acupuncture in the Kettering Medical Center System."
<b>Certification</b>	Initial applicant requirements: Current certification or active participation in the examination process, with achievement of certification within six years of completion of residency leading to certification in by the or in by the or its equivalent.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate the provision of Medical Acupuncture for at least six (6) patients during the past 12 months or demonstrate successful completion of 300 hours of graduate training in Medical Acupuncture at AMA Category 1 certified programs or equivalent training to be approved by the hospital's Credentials Committee or by consultation with, or endorsement by, the American Academy of Medical Acupuncture within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in Medical Acupuncture, the applicant 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. Provide evidence of a minimum of 20 of CME hours in Medical Acupuncture for the

past 24 months.

**Primary Privileges**

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Evaluate, diagnose, treat and provide consultation to patients of all ages. Assess and treat patients consistent with medical staff policy regarding consultative call services. Establish diagnoses within the traditional framework of Western medical thought. The patient's treatment options should be documented as well as the rationale for using Medical Acupuncture in each particular situation.
		Acupuncture performed with or without electrical stimulation.

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus and Kettering Health Miamisburg and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Clinical Service Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date