

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ACUPUNCTURIST

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

Providers requesting privileges in this specialty must also request privileges in their primary discipline

I Scope		Requested	Verified
P387605	The scope of privileges for Physician Acupuncturist includes evaluation, diagnosis, treatment, and the provision of consultation on patients with multiple diseases. Physician Acupuncturists are expected to establish diagnoses within the traditional framework of Western medical thought, through an appropriate work-up of the patient's condition. Physicians may provide care to patients in the hospital setting in accordance with MTF policies. Physicians may assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P387607	Allergies/allergic reactions		
P387609	Depression		
P387611	Asthma/reactive airway disease		
P387613	Disorders of the bladder (minor leaking or disorders of bladder control)		
P387615	Common Cold		
P387617	Influenza		
P387619	Dizziness		
P387621	Fatigue		
P387697	Obesity		
P387699	Testalgia		
P387701	Tinnitus		
P387703	Viral laryngitis		
P387705	Xerophthalmia		
P387707	Stroke rehabilitation		
P387709	Temporomandibular joint (TMJ) syndrome		
P387711	Xerostomia		
P387713	Acne		
P387715	Eczema		
P387717	Chronic itching		
P387719	Hives		
P387721	Vertigo		
P387723	Itching		
P387725	Tics		
P387727	Hiccups		

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ACUPUNCTURIST (CONTINUED)			
Diagnosis and Management (D&M) (Con't)		Requested	Verified
P387729	Dystonia		
P387731	Bone spur pain		
P387733	Mild PTSD symptoms		
P387735	Mild TBI Symptoms		
	Addictions	Requested	Verified
P387645	Tobacco addiction		
	Gastrointestinal disorders	Requested	Verified
P387647	Control of nausea and vomiting		
P387649	Loss of appetite		
P387651	Constipation		
P387653	Diarrhea		
	Gynecological disorders	Requested	Verified
P387655	Hot flashes		
P387657	Menstrual cramps		
P387659	Chronic pelvic pain of unknown etiology		
P387661	Menopausal discomfort		
P387663	Migraines		
P387665	Metastatic pain		
	Musculoskeletal injuries	Requested	Verified
P387667	Neck pain		
P387669	Lower back pain		
P387671	Arthritis		
P387673	Knee Pain		
P387675	Osteoarthritis		
P387677	Rheumatoid arthritis		
P387679	Carpal tunnel syndrome		
P387683	Tennis elbow pain		
P387685	Trigger point(s)		
P387687	Complex Regional Pain Syndromes		
P387689	Peripheral neuropathies		
P387691	Myofascial pain syndrome		
P387693	Simple and chronic headaches		
P387695	Neurological symptoms producing pain or tremors		
	Procedures	Requested	Verified
P387739	Electroacupuncture		
P387741	Auriculotherapy		
P387743	Electroauriculotherapy		
P388335	Acupuncture		
	Procedure Advanced Privileges (Requires Additional Training):	Requested	Verified
P387747	Laser Acupuncture (must have received instructions in laser fundamentals, laser safety and laser acupuncture)		
P387749	Microcurrent Inter X as applied to acupuncture low vision		
P390726	Battlefield acupuncture in accordance with Service policy		

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ACUPUNCTURIST (CONTINUED)

Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE