

**UNIVERSITY OF UTAH HOSPITALS AND CLINICS**  
**Delineation of Privileges – Midlevel Acupuncture**

NAME: \_\_\_\_\_

**Criteria:** To be eligible to apply for midlevel privileges in acupuncture the applicant must:

- 1) Be a licensed acupuncturist in the State of Utah
- 2) Have completed a master's degree in acupuncture or completed 1,725 hours of acupuncture training
- 3) Hold certification through the National Certification Commission for Acupuncture and Oriental Medicine or become certified within the first five years after initial appointment to the University of Utah Hospitals and Clinics
- 4) All midlevel acupuncture privileges must be exercised under the supervision of a physician that is currently privileged in acupuncture.
- 5) At the time of reappointment, the applicant must document 30 hours of continuing education in Acupuncture for review by the Department Chair and Credentials Committee,
- 6) At the time of initial appointment and at the time of reappointment, the applicant must document the treatment of 25 acupuncture patient encounters per year.

**PRIVILEGES**

- Inpatient Acupuncture (only when requested and ordered by the attending physician)
- Outpatient Acupuncture

Application for acupuncture privileges for the following medical conditions: *(Please check all that will apply to your practice of acupuncture)*

- Placement of acupuncture needles with or without electrical stimulation
- Acupuncture for chronic pain and suffering
- Acupuncture for nausea and vomiting chemotherapy induced.
- Acupuncture for nausea and vomiting post operative.
- Acupuncture for headache.
- Acupuncture for primary dysmenorrhea.
- Acupuncture for acute pain.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Physician approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief signature/approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair signature/approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interdisciplinary Credentials Committee signature/approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Board approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital Board approval

\_\_\_\_\_  
Date