**Indian Health Service**

**Privileges**

 **Auricular Acupuncture**

 QUALIFICATIONS: FOR AURICULAR ACUPUNCTURE INITIAL APPOINTMENT

1. Successful completion of a four-hour Auricular, Focused Acupuncture training with documentation of a BFA provider training certificate
2. Approved scope of practice that would include this technique
3. A Focused Professional Peer Evaluation shall be initiated with the first five consecutive charts to be reviewed by a certified provider at that service unit

QUALIFICATIONS: RECREDENTIALING FOR AURICULAR ACUPUNCTURE

1. A minimum of five auricular acupuncture charts will be reviewed every six months by a certified auricular acupuncture provider
2. For physician providers this review will be included in the OPPE

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform. I have confirmed that my state of licensure permits me to perform auricular acupuncture and I will abide by those regulations

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 Applicant Signature Date

PRIVILEGES for AURICULAR ACUPUNCTURE

To expand access to pain treatment, improve pain management and decrease opioid misuse and abuse the Indian Health Service supports the training of clinicians in Auricular Acupuncture for routine medical care and pain management.

 Requested Approved Not Approved

Auricular Acupuncture \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

I understand that by making this request, I am bound by the applicable bylaws or policies of the Indian Health Service and this service unit in the practice of BFA.

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Applicant Signature Date

**Department Clinical Service Chief**

I have reviewed the requested clinical privileges and supporting documentation for this applicant and make the following recommendations

\_\_\_\_ Recommend all the requested privileges

\_\_\_\_ Recommend with modifications:

\_\_\_\_ Do not recommend as indicated above

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Clinical Service Chief/Clinical Director Date