

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

Requested

Renewal of privileges (reappointment)

Requested

Expansion of privileges (modification)

Requested

Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the clinic 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 UNMMG 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 qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Policies Governing Scope of Practice

Categories of Patients Practitioner May Treat

Only those patients with whom the DOM has a pre-existing professional relationship or patients referred by a medical staff member of this hospital.

Supervision

General supervision of the activities and services of the DOM is provided by the chair of the department of which the DOM is assigned and the supervising physician(s) of record.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the DOM provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

General Relationship to Others

The DOM may have authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services requested by the patient and which the DOM is authorized to provide.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Qualifications for Oriental Medicine (DOM)

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

Current licensure to practice as a Doctor of Oriental Medicine issued by the New Mexico Board of Acupuncture and Oriental Medicine

AND

Certification by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture and Chinese Herbology or Oriental Medicine.

AND

Current demonstrated competence and an adequate volume of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

Reappointment (Renewal of Privileges) Requirements- *To be eligible to review privileges in oriental medicine, 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 requested of all applicants for renewal of privileges.

CORE PRIVILEGES: *Doctor of Oriental Medicine (DOM)*

This list is a sampling of procedures included in the core. This is not intended to be 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.

 Requested

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 qu, needles, heat, cold, color light, infrared and ultraviolet, bleeding and suction
5. Physical medicine modalities, procedures and devices
6. Therapeutic exercises, qi exercises, breathing techniques, meditation, and the use of biofeedback devices that utilize heat, cold, color, light, infrared and ultraviolet, lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy and other means therapeutically
7. Dietary and nutritional counseling and the prescription or administration of food, beverages and dietary supplements therapeutically
8. Counseling and education regarding physical, emotional and spiritual balance in lifestyle
9. The prescription or administration of cosmetics
10. The prescription or administration of devices, restricted devices and prescriptive devices as defined in the New Mexico Drug, Device and Cosmetic Act (Section 26-1-1 NMSA 1978) for which the provider has had the training recommended by the manufacturer of the device
11. Expanded and Extended Prescriptive Authority will not be used at UNMMG Clinics

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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 _____

SOM Department Chair Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

Notes: _____

Department Chair (print & sign): _____ **Date:** _____

UNMMG Medical Director (print & sign): _____ **Date:** _____

CMO: _____ **Date:** _____

Criteria approved by UNMMG Board of Directors on 9/4/2013