

Acupuncturist or Acupuncture and Eastern Medicine Practitioner Credentialing P.O. Box 47877 Olympia, WA 98504-7877 360-236-4700

Clinical Training Verification

Аp	plic	ant's name		
Da	te d	of Birth	_Training dates: From	_ To
School or clinic name clinical training received from				
Sc	hoc	ol or clinic address		
		y that the applicant named above 246-803-230, consisting of the fol	e has met the supervised clinical training llowing:	requirements of
obs	ser		clinical training including no more than 1 ntation and discussion. At least 400 hour	
1.	Qualified instructors must observe and provide guidance to the student as appropriate. Instructors must be qualified to provide instruction in their areas of specialization in acupuncture or Eastern medicine as demonstrated by possession of the following:			
	a.	Broad and comprehensive training	ng in acupuncture or Eastern medicine; a	and
	b.	Two years of relevant current wo Eastern medicine.	ork experience or teaching experience in	acupuncture or
2.	Instructors must be available within the clinical facility to provide consultation and assistance to the student for patient treatments. Prior to initiation of each treatment, instructors must have knowledge of and approve the diagnosis and treatment plan.			
3.	Pa	tient treatment includes:		
	a.	Conducting a patient intake interhistory.	view concerning the patient's past and p	resent medical
	b.	Performing acupuncture or Easte	ern medicine examination and diagnosis	
	C.	Discussion between the instructor treatment plan.	or and the student concerning the propos	sed diagnosis and
	d.	Applying acupuncture or Eastern	n medicine treatment principles and tech	niques.
	e.	Charting of patient conditions, ev	valuative discussions and findings, and c	concluding remarks.
Ар	pro	ved program officer signature		School
Da	te _			Seal
DOH	685	-011 July 2019		