American Acupuncture Council

Application Addendum
Injection Therapy

B1. Injection Therapy Addendum *(Type or print in black ink.)*

1. Member Name: _____

2. Have you met all requirements for licensed acupuncturists to provide injection therapy in your state?
☐Yes ☐No *If Yes*, please provide details of your training below (attach additional sheets if necessary).

Institution Providing Injection Therapy Training	Classroom Hours	Clinical Training Hours	# Injections Performed	Date Completed

3. Have you already been providing injection therapy for your acupuncture patients?
☐Yes ☐No *If Yes*, please indicate the date when you first provided injection therapy. _____

4. Please describe the diagnostic analysis you do / intend to do with a patient prior to recommending injection therapy as a treatment alternative:

_____

_____

_____

5. List two conditions patients might exhibit for which you would recommend injection therapy. Describe the outcome you would anticipate for the patient and the reason why the use of oral supplements *is not* indicated.

Patient Diagnosis Example # 1	Expected Outcome
Why not Oral Supplements:	

Patient Diagnosis Example # 2	Expected Outcome
Why not Oral Supplements:	

6. Indicate the type of needles you use for injection therapy: ☐Disposable ☐ Reusable ☐ Both

- If you use Disposable Needles, do you use them for <u>one injection only</u> then <u>throw them away</u>? ☐Yes ☐No ☐N/A
- If you use Reusable Needles, do you always follow state guidelines for sterilzation of needles? ☐Yes ☐No ☐N/A

7. Briefly describe how you conduct injection therapy to ensure that sterile conditions are maintained at all times:

8. Are you using injection therapy only for the purpose of injecting patients with saline solution?
☐Yes ☐No *If No*, please provide a detailed list of any other substances you inject in patients.

9. Please describe the source of each and every substance you inject into patients, and the methodology you utilize to ensure the integrity and sterility of each substance (attach additional sheets if needed).

Substance	Supplier	Methodology for ensuring integrity and sterility of saline solution
Substance	Supplier	Methodology for ensuring integrity and sterility of saline solution
Substance	Supplier	Methodology for ensuring integrity and sterility of saline solution

10. Please describe the technique(s) you are or will be using to ensure that the area of the skin being penetrated during injection therapy is maintained in a sterile condition both before and after insertion.

11. a. Will you be providing injection therapy only at an acute care hospital facility? ☐Yes ☐No
b. *If No*, will you be providing injection therapy only under the supervision of an M.D.? ☐Yes ☐No
c. If you answered *No to question 12a.*, please provide the following information.

Address Where Injection Therapy will be provided	City	State	Distance to Hospital
Name of nearest Acute Care Hospital	Address	City	State

12. Do you have a written transportation plan to ensure that patients who have an allergic reaction to injection therapy, or experience some other severe reaction to treatment can be transported to an acute care facility?
☐Yes ☐No ☐N/A (Care is rendered at an Acute Care Hospital *only*) *If Yes*, please provide details.

13. Are you licensed to practice any other health care professions? ☐Yes ☐No
If Yes, please circle: MD, DO, DPM, DC, RN, RPT, Other: _____
If Yes, name malpractice insurance company for that profession _____ Policy expires _____

B2. Signatures

PROPER LICENSING: I hereby declare that I hold a current license to practice Acupuncture, and maintain current certification as indicated above and as required by law to provide injection therapy under my acupuncture license.

NO FALSE STATEMENTS: I hereby declare that the above statements are true and that I have not suppressed or misstated any facts and I agree that this declaration shall be a basis of the contract and form a part of my malpractice insurance policy. I understand that untrue statements could void my insurance policy.

1. Sign here: _____ Date: _____