

TUTORIAL PROGRAM - Curriculum

[Please Print or Type]

Prior training and experience requested for exemption or credit must have been obtained within ten (10) years from the date of the application. The coursework you will be identifying in the sections below shall extend over a minimum period of four (4) academic years, or eight (8) semesters, or twelve (12) quarters, or nine (9) trimesters, or thirty-six (36) months. No more than 1500 hours of clinical training and/or theoretical and didactic training is to be completed per twelve (12) month period. [Conversion of semester or quarter units into hours is as follows: 1 semester unit = 15 hours; 1 quarter unit = 10 hours.]

[SECTION 1 - CLINICAL TRAINING] - Number of Hours Required is 2,250

Practice Observation

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ Estimated Start Date _____ End Date _____

Request for Course Exemption / Credit: No. of Hours _____ Date Completed (Yr./Fall;Winter;Spring;Summer) _____

School Name: _____

Course Number and Name: _____

History and Physical Examination

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ Estimated Start Date _____ End Date _____

Request for Course Exemption / Credit: No. of Hours _____ Date Completed (Yr./Fall;Winter;Spring;Summer) _____

School Name: _____

Course Number and Name: _____

Therapeutic Treatment Planning

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ Estimated Start Date _____ End Date _____

Request for Course Exemption / Credit: No. of Hours _____ Date Completed (Yr./Fall;Winter;Spring;Summer) _____

School Name: _____

Course Number and Name: _____

Preparation of the Patient

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date _____ End Date _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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Sterilization, Use and Maintenance of Equipment

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date _____ End Date _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Moxibustion

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Electro-Acupuncture (AC and DC Voltages)

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Body and Auricular Acupuncture

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ Estimated Start Date: _____ End Date: _____

Request for Course Exemption / Credit: No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____
School Name: _____
Course Number and Name: _____

Treatment of Emergencies, including Cardiopulmonary Resuscitation (A minimum of eight (8) hours in a certified course offering first-aid and adult/child CPR. Such course shall be taken from the American Red Cross, American Heart Association or other organization with an equivalent course work approved by the Board).

Source of Instruction: Tutorial Supervisor Name of School/Institution _____

Proposed Number of Hours: _____ Estimated Start Date: _____ End Date: _____

Request for Course Exemption / Credit: No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____
School Name: _____
Course Number and Name: _____

Pre- and Post Treatment Instruction to the Patient

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ Estimated Start Date: _____ End Date: _____

Request for Course Exemption / Credit: No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____
School Name: _____
Course Number and Name: _____

Contraindications and Precautions

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ Estimated Start Date: _____ End Date: _____

Request for Course Exemption / Credit: No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____
School Name: _____
Course Number and Name: _____

TOTAL NUMBER OF PROPOSED HOURS FOR SECTION 1: _____
(Required number of hours for Section 1 is 2,250)

[SECTION 2 - THEORETICAL AND DIDACTIC TRAINING] - Number of Hours Required is 660

Traditional Oriental Medicine (A survey of the theory and practice of traditional diagnostic and therapeutic procedures)

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Acupuncture Anatomy and Physiology (Fundamentals of acupuncture, including the meridian system, special and extra loci, and auriculotherapy)

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Acupuncture Techniques (Instruction in the use of *needling techniques, moxibustion, electro-acupuncture, including contraindications and complications)

*Tutorial trainees shall either (1) successfully complete, at a Board-approved acupuncture school, a course which requires a student to pass an examination in clean needle technique that uses as its primary reference the most current edition of the "Clean Needle Technique Manual", published by the National Acupuncture Foundation, or (2) successfully complete a Clean Needle Technique course administered by the Council of Colleges of Acupuncture and Oriental Medicine.

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Acupressure

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Breathing Techniques (Introductory course in Qi Gong)

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Traditional Oriental Exercise (Introductory course in Tai Chi Chuan)

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

TOTAL NUMBER OF PROPOSED HOURS FOR SECTION 2: _____
(Required number of hours for Section 2 is 660)

[SECTION 3 - THEORETICAL AND DIDACTIC TRAINING] - Number of Hours Required is 300

Traditional Oriental Herbology (Including Botany)

Source of Instruction: Tutorial Supervisor Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

TOTAL NUMBER OF PROPOSED HOURS FOR SECTION 3: _____
(Required number of hours for Section 3 is 300)

[SECTION 4 - THEORETICAL AND DIDACTIC TRAINING] - Number of Hours Required is 30

The following courses must be completed at an Acupuncture Board-approved school or an accredited college or university. [If you wish to request that certain courses below, be exempt due to prior training, provide proof by sending a sealed transcript as well as course descriptions along with this application.]

Practice Management (Instruction in the legal and ethical aspects of maintaining a professional practice, including record-keeping, professional liability, patient accounts, and referral procedures).

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Ethics Relating to the Practice of Acupuncture

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

TOTAL NUMBER OF PROPOSED HOURS FOR SECTION 4: _____
(Required number of hours for Section 4 is 30)

[SECTION 5 - THEORETICAL AND DIDACTIC TRAINING] - Number of Hours Required is 558

Clinical Medicine (A survey of the clinical practice of medicine, osteopathy, dentistry, physiology, nursing, chiropractic, podiatry, and homeopathy to familiarize practitioners with the practices of other health care practitioners)

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

History of Medicine (A survey of medical history, including transcultural healing practices)

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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Medical Terminology (Fundamentals of English language medical terminology)

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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General Sciences (A survey of, or courses in, general biology, chemistry, and physics)

For Biology only:

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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For Chemistry only:

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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For Physics only:

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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Anatomy (A survey of microscopic and gross anatomy and neuroanatomy)

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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General Psychology - including counseling skills

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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Physiology (A survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry)

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated Start Date:* _____ *End Date:* _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ <i>Date Course Completed (Yr./Fall;Winter;Spring;Summer)</i> _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>
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Pathology (A survey of the nature of the disease and illness, including microbiology, immunology, psychopathology, and epidemiology)

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Clinical Sciences (A review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, vitamins, and public health)

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

Western Pharmacology

Source of Instruction: Name of School _____

Proposed Number of Hours: _____ *Estimated* Start Date: _____ End Date: _____

<p><u>Request for Course Exemption / Credit:</u> No. of Hours _____ Date Course Completed (Yr./Fall;Winter;Spring;Summer) _____</p> <p>School Name: _____</p> <p>Course Number and Name: _____</p>

TOTAL NUMBER OF PROPOSED HOURS FOR SECTION 5: _____
(Required number of hours for Section 5 is 558)