



## Tutorial Program Curriculum Training Plan

This form must be completed by the trainee and supervisor, working together, to propose a reasonable plan for training within the Tutorial Program as part of the Written Agreement requirement, Acupuncture Regulations, Article 3, Section 1399.425 (h). If approved by the California Acupuncture Board, this plan must be followed. If the training plan is modified after it has been approved, then a report of such modifications shall be filed with the board, prior to the trainee and trainer beginning the change.

### **Program Timeline Requirements:**

The Tutorial program requires the completion of 3,798 hours of training and education, with a maximum of 1500 hours of the training to be completed per twelve (12) month period. The coursework you identify in the subject sections 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. Typically, the minimum length of time spent in the program is based on the 36-month guideline, however, there is no maximum time allowed in the program. The conversion of semester or quarter units into hours are as follows: One semester unit equals 15 hours; one quarter unit equals 10 hours.

### **Exemption of Hours:**

Prior training and experience obtained within ten (10) years of the date of the application by the trainee, which meets the standards of the board, may reduce the number of required hours/time in the program. If such training and experience has been obtained, then the attached, “Exemption Credit Request Spreadsheet” (page 16) along with supporting documentation, must be submitted. Supporting documentation always includes the official transcript(s) from school(s) showing the completed course(s) and may also include course description(s) and/or syllabus(es). Please note, copies of the “Exemption Credit Request Spreadsheet” may be made if additional space is needed. Coursework completed outside of the United States will require that the applicant have their transcript evaluated by a NACES member.

**Section 1 – Clinical Training**

The total number of hours required in Section 1 is 2,250.

**1A: Practice Observation**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Practice Observation..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1B: History and Physical Examination**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in History and Physical Examination ..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1C: Therapeutic Treatment Planning**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Therapeutic Treatment Planning ..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1D: Preparation of the Patient**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_  
 Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_  
 Number of Requested Exemption Hours..... \_\_\_\_\_  
**Total Hours in Preparation of the Patient..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1E: Sterilization, Use, and Maintenance of Equipment**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_  
 Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_  
 Number of Requested Exemption Hours..... \_\_\_\_\_  
**Total Hours in Sterilization, Use, and Maintenance of Equipment ..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1F: Moxibustion**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_  
 Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_  
 Number of Requested Exemption Hours..... \_\_\_\_\_  
**Total Hours in Moxibustion..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1G: Electro-Acupuncture (AC and DC Voltages)**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Electro-Acupuncture (AC and DC Voltages)..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1H: Body and Auricular Acupuncture**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Body and Auricular Acupuncture ..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1I: Treatment of Emergencies, including Cardiopulmonary Resuscitation (CPR)**

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.

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Treatment of Emergencies, including CPR..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1J: Pre and Post Treatment Instruction to the Patient**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_  
 Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_  
 Number of Requested Exemption Hours..... \_\_\_\_\_  
**Total Hours in Pre and Post Treatment Instruction to the Patient..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**1K: Contraindications and Precautions**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_  
 Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_  
 Number of Requested Exemption Hours..... \_\_\_\_\_  
**Total Hours in Contraindications and Precautions ..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**Section 1 Totals:**

	Proposed Hours	Exempted Hours	Total Hours	Minimum Required
Section 1				2,250

**Section 2 – Theoretical and Didactic Training**

The total number of hours required in Section 2 is 660.

**2A: Traditional Oriental Medicine**

A survey of the theory and practice of traditional diagnostic and therapeutic procedures.

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Traditional Oriental Medicine..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**2B: Acupuncture Anatomy and Physiology**

**Must include** fundamentals of acupuncture, including the meridian system, special and extra loci, and auriculotherapy.

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Acupuncture Anatomy and Physiology..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**2C: Acupuncture Techniques**

**Must include** instruction in the use of needling techniques, moxibustion, electro-acupuncture, including contraindications and complications (Acceptable “Clean Needle Technique” course may be used towards this requirement but does not alone meet the requirement).

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Acupuncture Techniques..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**2D: Acupressure**

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Acupressure..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**2E: Breathing Techniques**

Introductory course in Qi Gong.

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Breathing Techniques..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**2F: Traditional Oriental Exercise**

Introductory course in Tai Chi Chuan.

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Traditional Oriental Exercise..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**Section 2 Totals:**

	Proposed Hours	Exempted Hours	Total Hours	Minimum Required
Section 2				660



**Section 3 – Theoretical and Didactic Training**

The total number of hours required in Section 3 is 300.

**3: Traditional Oriental Herbology**

Including Botany

Number of Instruction Hours Proposed with the Tutorial Supervisor..... \_\_\_\_\_

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Traditional Oriental Herbology.... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**Section 3 Totals:**

	Proposed Hours	Exempted Hours	Total Hours	Minimum Required
Section 3				300

## **Section 4 – Theoretical and Didactic Training**

The total number of hours required in Section 4 is 30.

*The following subjects must be completed at an Acupuncture Board-approved school or an accredited college or university.*

### **4A: Practice Management**

**Must include** instruction in the legal and ethical aspects of maintaining a professional practice, including record-keeping, professional liability, patient accounts, and referral procedures.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Practice Management.....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

### **4B: Ethics Relating to the Practice of Acupuncture**

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Ethics Relating to the Practice of Acupuncture.....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

### **Section 4 Totals:**

	Proposed Hours	Exempted Hours	Total Hours	Minimum Required
Section 4				30

## **Section 5 – Theoretical and Didactic Training**

The total number of hours required in Section 5 is 558.

*The following subjects must be completed at an Acupuncture Board-approved school or an accredited college or university.*

### **5A: Clinical Medicine**

**Must include** 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.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Clinical Medicine....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

### **5B: History of Medicine**

A survey of medical history, including transcultural healing practices.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in History of Medicine.....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

### **5C: Medical Terminology**

Fundamentals of English language medical terminology.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Medical Terminology.....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

**5D: General Sciences**

**Must Include** a survey of, or courses in, general biology, chemistry, and physics.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in General Sciences..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**5E: Anatomy**

A survey of microscopic and gross anatomy and neuroanatomy.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Anatomy..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**5F: General Psychology**

Including Counseling Skills

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in General Psychology..... \_\_\_\_\_**

Name of School	Course #	Course Name	# of Hours

**5G: Physiology**

**Must include** a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Physiology.....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

**5H: Pathology**

**Must include** a survey of the nature of the disease and illness, including microbiology, immunology, psychopathology, and epidemiology.

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Pathology....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

**5I: Clinical Sciences**

**Must Include** a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, vitamins, and public health.

**Note:** *Nutrition, vitamins, and public health require separate course(s) from the other subject areas. Therefore, multiple courses are usually necessary in order to complete all parts of the clinical sciences requirement.*

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Clinical Sciences.....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

**5J: Western Pharmacology**

Number of Hours Proposed to be Taken at a School (list in table below) .. \_\_\_\_\_

Number of Requested Exemption Hours..... \_\_\_\_\_

**Total Hours in Western Pharmacology....** \_\_\_\_\_

Name of School	Course #	Course Name	# of Hours

**Section 5 Totals:**

	Proposed Hours	Exempted Hours	Total Hours	Minimum Required
Section 5				558

**Total Hours by Section**

Please list the section hour totals from the preceding sections in the table below.

**Plan Hour Totals:**

	Proposed Hours	Exempted Hours	Total Hours	Minimum Required
Section 1				2,250
Section 2				660
Section 3				300
Section 4				30
Section 5				558
<b>Grand Totals:</b>				3,798

\_\_\_\_\_  
Supervisor Name (Please Print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainee's Name (Please Print)

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
Date

## Exemption Credit Request Instructions

- Tutorial Program Subject Area – Use the number next to the subjects below to indicate the subject area in the “Exemption Credit Request Spreadsheet”.
    - For clarity purposes, it is preferred if the courses are listed in order by the Tutorial Program Subject Area as follows:
      - Section 1:
        - 1A: Practice Observation
        - 1B: History and Physical Examination
        - 1C: Therapeutic Treatment Planning
        - 1D: Preparation of the Patient
        - 1E: Sterilization, Use, and Maintenance of Equipment
        - 1F: Moxibustion
        - 1G: Electro-Acupuncture (AC and DC Voltages)
        - 1H: Body and Auricular Acupuncture
        - 1I: Treatment of Emergencies, including CPR
        - 1J: Pre and Post Treatment Instruction to the Patient
        - 1K: Contraindications and Precautions
      - Section 2:
        - 2A: Traditional Oriental Medicine
        - 2B: Acupuncture Anatomy and Physiology\*
        - 2C: Acupuncture Techniques\*
        - 2D: Acupressure
        - 2E: Breathing Techniques
        - 2F: Traditional Oriental Exercise
      - Section 3:
        - 3: Traditional Oriental Herbology
      - Section 4:
        - 4A: Practice Management\*
        - 4B: Ethics Relating to the Practice of Acupuncture
      - Section 5:
        - 5A: Clinical Medicine\*
        - 5B: History of Medicine
        - 5C: Medical Terminology
        - 5D: General Sciences\*
        - 5E: Anatomy
        - 5F: General Psychology
        - 5G: Physiology\*
        - 5H: Pathology\*
        - 5I: Clinical Sciences\*
        - 5J: Western Pharmacology
- \*Subject includes specific subtopics that must be covered within the course(s). Refer to the subject sections in the main document for a list of the necessary subtopics.*
- The Name of the school may be abbreviated.
  - “Sem/Qtr” is typically Winter, Spring, Summer, or Fall.
  - Course name may be shortened so long as it is clear what the full course title is or can be matched up using the course number.
  - Number of hours:
    - Conversion of semester or quarter units into hours is as follows: 1 semester unit = 15 hours; 1 quarter unit = 10 hours
    - If one course covers multiple subject areas, the course may be listed twice and the hours for the course may be divided.

**Exemption Credit Request Spreadsheet**

Tutorial Program Subject Area	Name of School	Completion Date		Course Number	Course Name	Number of Hours
		Year	Sem/Qtr			