CALIFORNIA ACUPUNCTURE BOARD
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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 Asian 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 Asian 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: <u>Traditional Asian Exercise</u>

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 Asian Exercise……...._____

Name of School	Course #	Course Name	# of Hours

<u>Section 2 Totals</u>:

	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 Asian 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 Asian 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 a school with a Board-approved Educational and Training Program or another 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 a school with a Board-approved Educational and Training Program or another 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
Grand Totals:				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 & Physical Examination
      1C: Therapeutic Treatment Planning
      1D: Preparation of the Patient
      1E: Sterilization, Use, & Maintenance of Equipment
      1F: Moxibustion
      1G: Electro-Acupuncture (AC & DC Voltages)
      1H: Body & Auricular Acupuncture
      1I: Treatment of Emergencies, including CPR
      1J: Pre & Post Treatment Instruction to the Patient
      1K: Contraindications & Precautions
    - Section 2:
      2A: Traditional Asian Medicine
      2B: Acupuncture Anatomy & Physiology*****
      2C: Acupuncture Techniques*****
      2D: Acupressure
      2E: Breathing Techniques
      2F: Traditional Asian Exercise
    - Section 3:
      3: Traditional Asian 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			