**Vitality University**

**Program of Doctor of Acupuncture with a Chinese Herbal Medicine Specialization**

**Clinical Practice Requirement Checklist**

**千帆大学**

**中草药专业针灸博士项目**

**临床实践要求清单**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Clinical Practice Checklist （提交各个资料按以下序号标注）** |
| 1 | 临床实践协议DAcCHM Clinical Practicum Agreement |  |
| 2 | 学生临床实践病例至少30例 (VU STUDENT TREATMENT NOTES) + 实习考勤表 |  |
| 3 | 学生病案日常流水统计表 (Student Treatment Tally Form) |  |
| 4 | 学生实践总统计表(Student Treatment Tally Form) |  |
| 5 | 学生对带教老师评估表 (VU CLINIC EVALUATION FORM) |  |
| 6 | DAcCHM临床手册确认表 (DAcCHM Clinic Manual Acknowledgement Form) |  |
| 7 | OSHA 洁针确认表 (OSHA TRAINING ACKNOWLEDGMENT FORM) |  |
| 8 | HIPAA 学生临床规范确认表 (HIPAA TRAINING ACKNOWLEDGMENT FORM) |  |
| 9 | 乙肝申明表 (Student Hepatitis B Vaccination Declination Form) |  |
| 10 | 肺结核申明表 (Student Hepatitis B Vaccination Declination Form) |  |
| 11 | 学生诊所休假申请表 （VU Student Clinic Leave Request Form） |  |
| 12 | 临床实习考勤表（包括跟师与网习） |  |