



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
 665 Mainstream Drive
 Nashville, TN 37243
 www.tennessee.gov/health
 OCCUPATIONAL THERAPY

Unit2HRB.Health@tn.gov OR (615) 741-3807

**APPLICATION FOR CERTIFICATION TO USE PHYSICAL
 AGENT MODALITIES
 DRY NEEDLING OF THE UPPER LIMB**

1. Complete, sign, and have notarized the application pages 1-4.
2. Have verification of successful completion of training (Attachment 1) and sent directly to the Board proof of hours completion through signed certificates and/or transcripts from educational institution.
3. There is currently no application fee.

PERSONAL INFORMATION
 PLEASE PRINT IN INK

NAME _____

Last	First	Middle/Maiden
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Social Security Number _____ - _____ - _____ Date of Birth _____

Mailing Address _____ License Number _____

_____ Phone: Home () _____

_____ Office () _____

CONTENT DOCUMENTATION
Dry Needling of the Upper Limb

The Occupational Therapy Rules require fifty (50) hours of instruction. Approved programs are : AOTA, TPTA, Approved Occupational Therapy Higher Education Program.

In order to perform dry needling to the upper limb, an occupational therapist must obtain all of the educational instruction described in paragraphs (2)(a) and (2)(b) herein. All such educational instruction must be obtained in person and may not be obtained online or through video conferencing.

(2) Mandatory Training - Before performing dry needling to the upper limb, a practitioner must complete educational requirements in each of the following areas:

(2)(a) Fifty (50) hours of instruction, to include instruction in each of the four (4) areas listed herein, which are generally satisfied during the normal course of study in occupational therapy school or continuing education from a Board approved continuing education provider

1. Musculoskeletal and Neuromuscular systems;
2. Anatomical basis of pain mechanisms, chronic pain, and referred pain;
3. Trigger Points; and
4. Universal Precautions.

(2)(b) Twenty-four (24) hours of dry needling that includes specific instruction to the upper limb defined as hand, wrist, elbow, and shoulder girdle.

1. The twenty-four (24) hours must include instruction in each of the following six (6) areas:

- (i) Dry needling technique;
- (ii) Dry needling indications and contraindications;
- (iii) Documentation of dry needling;
- (iv) Management of adverse effects;
- (v) Practical psychomotor competency; and
- (vi) Occupational Safety and Health Administration's Bloodborne Pathogens Protocol.

2. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling.

3. Each course must be pre-approved or approved by the Board or its consultant, or the Board may delegate the approval process to recognized health-related organizations or accredited occupational therapy educational institutions.

(c) A newly licensed occupation therapist shall not practice dry needling to the upper limb for at least one

(1) year from the date of initial licensure unless the practitioner can demonstrate compliance with paragraph

(2) through his or her pre-licensure educational coursework.

(3) Any occupational therapist who obtained the requisite twenty-four (24) hours of instruction as described in paragraph (2)(b) in another state or country must provide the same documentation to the Board, as described in paragraph (2)(b), that is required of a course provider. The Board or its consultant must approve the occupational therapist's dry needling coursework before the therapist can practice dry needling in this state.

(4) Dry needling to the upper limb may only be performed by a licensed occupational therapist and may not be delegated to an occupational therapy assistant or support personnel.

(5) An occupational therapist practicing dry needling to the upper limb must supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule.

(6) All occupational therapy patients receiving dry needling to the upper limb shall be provided with information from the patient's occupational therapist that includes a definition and description of the practice of dry needling and a description of the risks, benefits, and potential side effects of dry needling.

Authority T.C.A. §§ 4-5-202, 4-5-203, 4-5-204, 63-13-103(10)(B)(vi), and 63-13-216(1)(4)

AFFIDAVIT AND RELEASE

I, _____, of _____, being
NAME CITY/STATE

and identified as the person referred to in this application, attests to the truth of such statement made in said application.

I HEREBY:

SIGNIFY, my willingness to appear to answer such questions as the Committee may find necessary which may include a Committee interview.

RELEASE to the Committee, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safety practice Occupational Therapy.

AUTHORIZE the Committee, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualification, ability to work cooperatively with others and other qualifications;

RELEASE from liability the Committee, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for certification.

ACKNOWLEDGE that I, as an applicant for certification, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me, this _____ day of _____, 20 _____.

NOTARY PUBLIC

Affix Seal Here

My Commission Expires _____



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Nashville, TN 37243
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Attachment 1 **TENNESSEE COMMITTEE OF OCCUPATIONAL
THERAPY
DOCUMENTATION OF CONTINUING EDUCATION
Dry Needling of the Upper Limb**

LICENSEES NAME: _____ LIC# _____

PROGRAM TITLE: _____

PROGRAM PRESENTER: _____

CREDENTIALS: _____

LOCATION OF PROGRAM: _____

DATE: _____ TOTAL CONTACT HOURS: _____

Instruction Hours in Occupational Therapy School	Specific Training of Upper Limb
_____ Musculoskeletal and Neuromuscular systems;	_____ Dry needling technique
_____ Anatomical basis of pain mechanisms,	_____ Dry needling indications and contraindications
_____ Trigger Points;	_____ Documentation of dry needling
_____ Universal Precautions.	_____ Management of adverse effects
	_____ Practical psychomotor competency
	_____ Occupational Safety and Health Administration's
	_____ Bloodborne Pathogens Protocol.

_____ Signature of Licensee _____ Date

I hereby certify that the above name individual has successfully completed the above program and treatments as indicated.

_____ Signature _____ Title _____ License # _____ Date