



**Department of Medicine
PSYCHOLOGY**
Delineation of Privileges

Please Print Name _____

QUALIFICATIONS: Licensed psychologist (PhD, PsyD) as defined in the Medicine Department Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the psychologist to treat patients for all inpatient and outpatient areas, intensive care units, and Emergency Department.

REQ=Requested APP=Approved

CORE PSYCHOLOGY PRIVILEGES/AREA OF PRACTICE: All psychologists are eligible to apply for the following privileges: Consultation, differential diagnosis and treatment planning for patients with psychological disorders. A letter from the program director confirming training/experience in privileges requested for all new applicants who have recently (within the past 5 years) completed training. Applicants out of training over 5 years must provide documentation of training and recent experience.

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		General Psychotherapy			Child Psychotherapy
		Psychological Assessment and Treatment Planning			Group Therapy
		- Psychometric			Hypnosis

PSYCHOLOGY SPECIAL PROCEDURE: Psychologists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable).

REQ	APP	Privilege Requested:
		NEURO-PSYCHOLOGICAL TESTING - applicant must provide documentation of relevant graduate course work, as well as documentation of 800 hours of combined pre-doctoral and post-doctoral clinical training in neuro-psychology (i.e., internship, fellowship, workshops, etc.)

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges:

Applicant's Signature: 	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Medicine Department Chairman/Vice Chairman 	Date:
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

- 5/98
- 7/99
- 1/01
- 1/07
- 2/09