

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL**  
Phoenix, AZ

***CLINICAL PRIVILEGES IN PSYCHOLOGY***

<b>Psychologist:</b>			
			REQ
Psychological Testing			
Psychometric			
Other			
General Psychotherapy			
Child Psychotherapy			
Group Therapy			
Neuro-psychodiagnostic Testing*			
Consultations			
Other Requests:			
*See back page			
I have reviewed the above list and have checked the privileges to which I am limiting my practice; and having been trained accordingly, am requesting permission for these privileges. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.			
<b>Applicants Signature:</b>			Date
<b>APPROVALS:</b>			
<b>SIGNATURE:</b> <b>Department Chairman/Representative</b>			Date
Executive committee	Date	Board of Directors	Date

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***NEURO-PSYCHODIAGNOSTIC TESTING***

If Neuro-psychodiagnostic testing privileges are requested, the 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.).