

Clinical Psychology Delineation of Privileges

Name: _	
_	(Please print)
	Initial privileges (initial appointment)
	Renewal of privileges (reappointment, on 2 year specialty cycles)
	Modification of privileges (request for any additional privileges beyond those previously grante
	lucation: Doctoral degree (PhD or PsyD) in psychology from an American Psychological on (APA) accredited educational institution.
experienc	formal training: Pre-doctorate internship and post-doctorate supervised professional ee comprising a total of 3,000 supervised hours of clinical supervision. Diplomate status with can Board of Professional Psychology.
or service requested	I current experience: Demonstrated current competence and provision of care, treatments to at least 50 psychology patients in the age range for which privileges are being I during the past 12 months or completion of training in the past 12 months. The management of the completion of training in the past 12 months.

Facility (Check ALL that are applicable to your request)								
Baroness*	Children's**	North	East	Bledsoe/Sequatchie				

^{*} Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

<u>Core Clinical Psychologist Privileges:</u> Evaluate, diagnose, provide treatment and consultation to child, adolescent, and adult/older adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through interviews, behavioral assessments, and the administration and interpretation of tests of intellectual abilities, aptitudes, personal characteristics, and other aspects of human behavior relative to the disturbance.

Provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

This is not intended to be an all-encompassing procedures list. It defines the types of

^{**}Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities /procedures/privileges requiring similar skill sets and techniques.

Special Non-Core Privileges in Clinical Psychology:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Hypnotherapy					
Behavioral					
modification/therapy					
Neurofeedback therapy					
Biofeedback therapy					
Neuropsychological Testing					

Request for Privilege Not Listed in Core or Sas well as any accompanying certifications or case logs)	Special Non-Core (please list the privilege and provide justificatio
Department Chief Recommendation: I have reviewed the requested clinical privileges and sup Recommended as Requested	oportive documentation for the above named applicant.
Recommended with Modifications (See commen	nts below)
Not Recommended (See comments below)	
Chief Comments:	
Provider Signature	Date
Chief Signature	Date

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