NAME ______________________________

Fort Hamilton Hospital
Specialty: PSYCHIATRY
Delineation of Privileges

Required Qualifications

Education/Training/Experience
Must have successfully completed an ACGME/AOA-accredited residency in Psychiatry. The successful applicant for initial applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, or demonstrates successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.

Certification
The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

Reappointment Criteria of Psychiatry Core Privileges
To be eligible to renew core privileges in Psychiatry, the applicant must demonstrate competence and an adequate volume of experience (20 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
## CORE PRIVILEGES IN PSYCHIATRY

Core Privileges are listed below:

- **Request all privileges listed below.**
  Uncheck any privileges that you do not want to request.
- Admit and manage patients in behavioral health inpatient unit
- Perform History and Physical Examinations
- Consultation privileges in Psychiatry
- Addiction medicine
- Conduct psychotherapies, including individual, group and family
- Conduct therapeutic patient interviews
- Develop and implement an appropriate treatment plan (short and long-term) addressing biological, psychological, and sociocultural domains
- Organize a comprehensive differential diagnosis with consideration of relevant, biological, psychological and sociocultural issues
- Order patient interventions (involuntary treatments, preventive methods) in order to protect patients from self-harm or harm to others

### Treatments
- Brief therapy
- Cognitive behavioral therapy
- Psychodynamic therapy
- Psychotherapy combined with psychopharmacology
- Supportive therapy
- Treatment of psychosexual dysfunctions
- Pharmacotherapy

## Acknowledgement of Applicant

I hereby request the clinical privileges in the Department of Psychiatry as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me in the Department of Psychiatry shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner’s Signature ____________________________ (Date) 

Print Name ____________________________