NAME ________________________________

Fort Hamilton Hospital
Specialty: PSYCHOLOGY
Delineation of Privileges

**Instructions:**
1. Check the **Request** checkbox to request all privileges in the Core group.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.

**Required Qualifications**

**Education/Training/Experience**
Must have successfully completed a doctorate degree in psychology (Phd or PsyD) from a program accredited by the American Psychological Association or the Canadian Psychological Association.

AND
One year of formal postdoctoral fellowship in clinical psychology
OR
Two years of supervised postdoctoral work experience

**Clinical Experience (Initial):**
Applicant must be able to provide documentation of provision of psychology services to 50 adult cases representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training during the previous year).

**Clinical Experience (Reappointment):**
Applicant must have provided 40 adult cases representative of the scope of privileges requested during the past 24 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.
### CORE PRIVILEGES IN PSYCHOLOGY

Work directly with patients, as well as groups (families, patients of similar psychopathology), using a wide range of assessment and intervention methods to promote mental health and to alleviate discomfort and maladjustment. The practice of clinical psychology includes assessment and treatment of mental, physical, emotional and behavioral disorders.

- **Request all privileges listed below.**
  - Uncheck any privileges that you do not want to request.

#### Conduct Assessments including:

1. Assessment of patients, using psychological testing and mental status examination (excludes neuropsychological testing)
2. Provide diagnostic impressions using the Diagnostic and Statistical Manual of Mental Disorders (DSM version IV-TR)
3. Psychological testing

#### Provide clinical interventions including:

1. Family assessment/therapy
2. Group therapy
3. Behavior modification therapy
4. Individual Therapy
5. Cognitive behavioral therapy
6. Motivational Interviewing

### 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.

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Practitioner’s Signature ___________________________ (Date) ___________________________

Print Name ___________________________ ___________________________