

PRESBYTERIAN MEDICAL SERVICES
REQUEST FOR CLINICAL PRIVILEGES – BEHAVIORAL HEALTH

Applicant Name: _____ **Date:** _____

Specialty: _____

Facility: _____

Privileges

I am qualified and request the following privileges (check all categories and age groups requested):

CLINICAL CATEGORY	CHILD	ADOLESCENT	ADULT	WILL YOU BE CLINICALLY SUPERVISING OTHERS?
Diagnostic Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Assessment /Individual Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Assessment /Group Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Assessment /Marital/Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Assessment/Evaluation and Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA Assessment/Evaluation and Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach all relevant documentation as proof of education/training/internship.

Clinical privileges to provide specific direct treatment services to behavioral health clients may be granted to licensed independent practitioners who met the criteria outlined below. The following levels of licensure qualify for consideration:

- | | |
|---|---|
| Licensed Professional Clinical Mental Health Counselor (LPCC) | Licensed Alcohol and Drug Counselor (LADAC) |
| Licensed Psychology Associate (Ph.D.) | Licensed Marriage and Family Therapist (LMFT) |
| Licensed Independent Social Worker (LISW) | Clinical Nurse Specialist (Psychiatry) (CNS) |
| Licensed Professional Art Therapist (LPAT) | Registered Mental Health Counselor (RMHC) |
| Licensed Professional Mental Health Counselor (LPC) | Licensed Master of Social Work (LMSW) |
| Substance Abuse Trainee (LSAT) | Licensed Substance Abuse Intern (LSAI) |
| Licensed Bachelors of Social Work (LBSW) | Licensed Mental Health Counselor (LMHC) |

Practitioners (except physicians) who meet all criteria except the required amount of supervised experience and have the appropriate license may be granted privileges as an intern if a practitioner who has been granted the appropriate privileges by PMS supervises them.

Applicant Attestation:

I hereby certify that the documentation and information contained or attached to this application is true and complete to the best of my knowledge. I realize that misstatement or omission may result in denial of this application. I affirm that, if granted the requested privileges, I will provide services in accordance with the established standards, protocols, policies and procedures of Presbyterian Medical Services. I also affirm that I will practice only within the scope of privileges granted, and will do so in keeping with the established professional ethics guidelines of my professional discipline.

Applicant's Signature

Date

Clinical Supervisor's Signature, Indicating Approval

Date