

NATCHITOCHEs PARISH HOSPITAL
 DELINEATION OF FUNCTIONS
 CLINICAL PSYCHOLOGIST

REQUESTED GRANTED DEFERRED

| | | | |
|--|-------|-------|-------|
| 1. Psychological testing and evaluation and assessment of intelligence, personality, abilities, interests and aptitudes. | _____ | _____ | _____ |
| 2. Interviewing, counseling | _____ | _____ | _____ |
| 3. Psychotherapy | _____ | _____ | _____ |
| 4. Hypnosis | _____ | _____ | _____ |
| 5. Biofeedback training and behavior modification. | _____ | _____ | _____ |
| 6. Diagnosis and treatment of mental and emotional illness and ability. | _____ | _____ | _____ |
| 7. Education evaluation, remediation and consultation. | _____ | _____ | _____ |
| 8. Group Therapy | _____ | _____ | _____ |
| 9. Family Therapy | _____ | _____ | _____ |
| 10. Individual Therapy | _____ | _____ | _____ |
| OTHER PRIVILEGES NOT LISTED ABOVE: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I am mentally and physically capable of performing the duties in which I am requesting:

APPLICANT SIGNATURE _____ DATE _____