

**NATCHITOCHEs REGIONAL MEDICAL CENTER
DELINEATION OF FUNCTIONS
LICENSED CLINICAL SOCIAL WORKER**

	Requested	Approved
Counseling, individual, marital and family group	_____	_____
Counseling of individuals with problems related to drug and alcohol abuse	_____	_____
Diagnostic testing and assessment	_____	_____
Psychological Testing	_____	_____
Individual psychotherapy	_____	_____
Relaxation therapy	_____	_____
Systematic desensitization	_____	_____
Hypnotherapy	_____	_____
Group psychotherapy	_____	_____
Analytic interview	_____	_____

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

Applicant's Signature

Date

