

REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION

PSYCHIATRY/PSYCHOLOGY

APPLICANT NAME: _____

CORE PRIVILEGES:

Psychiatry privileges include admission, work up, diagnosis, and provision of treatment patients who suffer from mental, behavioral, or emotional disorders. **These privileges do not include any of the privileges listed under Special Privileges.**

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

___ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in**

Psychiatry.

Subspecialty: _____.

Members with these privileges are expected to be physicians with experience, training and

competence of service as consultants and treating the most extreme illnesses including those within

the subspecialty area.

CLASS III:

___ **Board certification in Psychiatry; or**

___ **Active board certification application pending, having completed an ACGME- or AOA- approved post graduate training program in Psychiatry; or**

___ **Completion of an ACGME- or AOA-approved post graduate training program and full time psychiatry experience for a minimum of the last three (3) years consecutively.**

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

CLASS II:

___ **Completion of less than three (3) years of an ACGME- or AOA-approved post graduate training program in Psychiatry; or**

___ **Completion of an American Psychological Association-approved doctoral program in clinical psychology.**

Members with these privileges are required to request consultation in all cases in which doubt exists as to the diagnosis, or in cases in which treatment is not too soon apparent. Illness or problems requiring skills usually acquired during post internship specialty training.

Other training, please explain: _____

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SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
PRIVILEGES
REQUESTED
RECOMMENDED
YES NO

YES NO

___ ___ Addiction medicine.

Training/Experience: _____

___ ___ Adolescent psychiatry/psychology.

___ ___

Training/Experience: _____

___ ___ Child psychiatry/psychology.

___ ___

Training/Experience: _____

___ ___ Forensic psychiatry.

___ ___

Training/Experience: _____

ADDITIONAL PRIVILEGES (Specify, stated with training/experience):

___ ___

___ ___

___ ___

APPLICANT SIGNATURE: _____

DATE: _____

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PSYCHIATRY/PSYCHOLOGY PRIVILEGES APPLICATION

NAME:: _____

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

PEER REVIEW

Signed: _____
Richard B. Stifler MD PSYCHIATRY

Date of Review



MEDICAL STAFF REVIEW

Oscar A. Palomo MD, Chief of Staff

Date

MSS: REVISED 09/99.