NEW MEXICO STATE VETERANS HOME

DELINEATION OF CLINICAL PRIVILEGES

PSYCHOLOGICAL SERVICES

_____ _____
NAME DATE

_____ _____
TITLE SIGNATURE

By checking an item below you are requesting the privilege of practicing the item without supervision and stating that you are qualified to do so.

PROCEDURES: (Perform and Interpret relative to age of population served; i.e., adulthood through geriatric age groups)

_____ Diagnostic Evaluation

_____ Psychological Testing

_____ Cognitive Testing

_____ Mental Status Evaluation

_____ Individual Psychotherapy

_____Group Psychotherapy

_____ Family Medical Psychotherapy

_____ Participation in Team Conference Meetings

_____ Behavior Therapy Interventions

_____ Staff Support Groups

_____ Other: (describe) _____

_____

_____

NMSVH CREDENTIALING COMMITTEE RECOMMENDATION:

The members of the NMSVH Credentialing Committee have reviewed and investigated this application and hereby recommend that this application be:

_____ Accepted for appointment/reappointment of staff membership and/or continuation of current privileges.

_____ Accepted for reappointment of staff membership and modification of privileges as outlined on privilege delineation forms.

_____ Rejected or accepted with restrictions for the following reasons:

_____

_____

NMSVH Medical Director: _____ Date: _____

Comments:

ACTION BY GOVERNING BOARD:

_____ Concur with NMSVH Credentialing Committee recommendation

_____ Other action (describe):

_____

_____