

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR PSYCHIATRY

Minimum Threshold Criteria

To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.

1. *Basic education:* M.D. or D.O.
2. *Minimal formal training:* Successful completion of an approved residency training program in psychiatry.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has provided inpatient, outpatient, or consultative services for at least 24 patients during the past 12 months.

Core Privileges

Privileges include being able to admit, work up, diagnose, and provide treatment to patients above the age of 15 who suffer from mental, behavioral, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders.

Child & Adolescent Privileges

Criteria for requesting child and adolescent privileges in psychiatry are the same as those for general psychiatry with at least one additional year of residency training in child and adolescent psychiatry.

Privileges include being able to admit, work up, diagnose, and provide treatment to children and adolescents who suffer from mental, behavioral, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders.

Chemical Dependency Privileges

Criteria for requesting chemical dependency, or addiction medicine, privileges in psychiatry are the same as those for general psychiatry with at least one year of full-time involvement in the field of alcoholism and other drug dependencies. This year must be in addition to, and not concurrent with, residency training, unless such training was in a fellowship in addictionology. Involvement may fall under the heading of the clinical care of patients, education, research, or administration. At least 50 percent of the time must have been spent in the treatment of patients for alcoholism and other drug dependencies.

Note: Three letters of reference must come from physicians who have known the applicant for at least two years and are acquainted with the applicant's professional status, medical practice, and involvement in the field of alcoholism and other drug dependencies.

Privileges include being able to admit, work up, diagnose, and provide treatment to patients with problems related to alcoholism and other drug dependencies, such as psychoactive drug use and addiction, utilizing all forms of psychological and social treatment as well as medications.

Special Requests

I hereby request the following special privileges. For each special request, threshold criteria will be established. Special requests for psychiatry include:

- hypnosis
- amytal interview
- group and family therapy

I understand that in making this request I am bound by West Jefferson Medical Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.

Approved: 3/97

Physician's signature

Typed or printed name

Date

"In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."