KetteringHEALTH

Psychiatry KHHM
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Note:
Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
Education/Training	Must have successfully completed an ACGME/AOA-accredited residency in Psychiatry.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant for initial applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, or demonstrates successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Psychiatry, the applicant must demonstrate competence and an adequate volume of experience (20 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Primary Privileges Psychiatry

Request	**Request all privileges listed below.** *Uncheck any privileges that you do not want to request*	Dept Chair Rec
	Admit and manage patients in behavioral health inpatient unit	
	Addiction medicine	
	Consultation privileges in Psychiatry	
	Conduct psychotherapies, including individual, group and family	
	Conduct therapeutic patient interviews	
	Develop and implement an appropriate treatment plan (short and long-term) addressing biological, psychological, and sociocultural domains	
	Organize a comprehensive differential diagnosis with consideration of relevant, biological, psychological and sociocultural issues	
	Order patient interventions (involuntary treatments, preventive methods) in order to protect patients from self-harm or harm to others	
	Perform History and Physical Examinations	
	Treatments	
	Brief therapy	
	Cognitive behavioral therapy	
	Pharmacotherapy	
	Psychodynamic therapy	
	Psychotherapy combined with psychopharmacology	
	Supportive therapy	
	Treatment of psychosexual dysfunctions	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

_____   _____

Practitioner's Signature   Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

_____   _____
Signature of Department Chair/Designee   Date