



Psychiatry KHDO
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. Applicant 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

Membership I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

Category I Physicians with these privileges shall have completed an accredited general psychiatry residency, but do not need to have board certification. Physicians with this category of Privileges may admit and treat persons with uncomplicated psychiatric disorder according to accepted standards of clinical practice.

AND

Physicians with Category I privileges are expected to seek consultation and supervision from a more experienced colleague when treating patients with unusual disorders, medical complications and/or who fail to respond as expected to treatment. Specialized procedures are usually done in consultation with and under the direction of a physician with unrestricted privileges to perform such procedures. If the applicant can provide evidence of training and proficiency in each or any of these procedures, the specific privileges may be granted.

AND

Proctoring in this category shall include documentation of competence in diagnosis, indications for treatment, treatment and complications of treatment of unusual psychiatric conditions.

Category II Physicians with these privileges shall have completed an accredited general psychiatry residency and must be certified by the American Osteopathic Board of Psychiatry and Neurology in psychiatry or its equivalent. In special instances, individuals whose skill, knowledge and experience are equivalent to board certification may be granted this category of privilege.

AND

Privileges include the use of specialized treatment techniques such as behavior modification and biofeedback. Privileges for use of each such specialized technique must be applied for

individually. They may be granted upon receipt of documentation indicating appropriate training and proficiency in the technique.

AND

Physicians in this category may provide specific consultative services to physicians in Category 1, and to medical and surgical services as well as other colleagues.

AND

Proctoring in this category shall include specific mention of any documentation of competence in the use of each specialized treatment modality.

Category III

Physicians with these privileges shall have completed an accredited general psychiatry residency, must be certified by the American Osteopathic Board of Psychiatry and Neurology in psychiatry or its equivalent, and shall possess training that qualified them as specialists or subspecialists in the area of psychiatry. Evidence of qualification shall be either a certificate of completion of specialized training recognized area or else be a certificate from a recognized specialty board.

AND

Proctoring in this category shall include specific mention and documentation of competence in the area of specialty or sub-specialty.

Primary Privileges Psychiatry

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Privilege Category		
	Category I		
	Category II		
	Category III		
	Special Procedures		
	Biofeedback		
	Drug/Alcohol Detox and Rehabilitation		
	Area of Specialty or Subspecialty		
	Child psychiatry		
	Child psychoanalysis		
	Forensic psychiatry		
	General Adult Psychiatry		
	Geropsychiatry		
	Psychoanalysis		
	Other privileges		
	Neuropsychological testing		
	Psychological testing		
	Residency program		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service 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

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date