## LIST OF CLINICAL PRIVILEGES - CLINICAL SOCIAL WORK

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

## INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

NAME OF APPLICANT

- 2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.
- 3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

NAME OF MEDICAL FACILITY

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT NAME OF MEDIC.		NAME OF MEDICAL FACILITY	AL FACILITY	
I Scope			Requested	Verified
P389058	The scope of privileges in clinical social work include treatment and consultation for patients with psychological papers or the purpose and relieving psychological-based distress or dysful well-being and personal development. They determ fitness/suitability for duty, and suitability for special with individuals of all ages, couples, families, group social workers provide comprehensive behavioral settings including, clinic, inpatient, family advocacy treatment programs, and Service specific programs			
Diagnosis and Management (D&M)		Requested	Verified	
P389060	Administration and interpretation of screening and a	assessment instruments		
P389062	Conduct Family Advocacy (partner/family maltreatm management and presentation of cases of partner Committee in accordance with DoD guidance	nent) assessment, case /family maltreatment to the		
P389064	Conduct sexual assault assessment in accordance	with Service requirements		
P389066	Perform Command/Unit needs assessments			
P389068	Consult with Medical/Allied Health Agencies			
P384924	Personnel assessment and selection (for special pr security clearances, special duty)	ograms, i.e., PRP,		
P389070	Sexual offender assessment interview			
P389072	Substance abuse treatment (IAW with DoD and Se	rvice policy)		
	Therapies:		Requested	Verified
P388943	Individual Therapy			
P388945	Group Therapy			
P388949	Marital /couple Therapy			
P388947	Family Therapy			
P389077	Crisis intervention			
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified	
P389079	Command-directed mental health evaluations IAW	DoD guidance		
P389081	Conduct forensic child sexual abuse evaluation			
P389083	Complicated child and adolescent therapy			
P384941	Formal Sex Therapy			
P384914	Biofeedback			
P389085	Hypnosis			

LIST OF CLINICAL PRIVILEGES – CLINICAL SOCIAL WORK (CONTINUED)						
Procedures			Verified			
	N/A					
Other (Facility	- or provider-specific privileges only):	Requested	Verified			
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SIGNATURE OF	APPLICANT	DATE	1			

CLINICAL PRIVILEGES – CLINICAL SOCIAL WORK (CONTINUED)						
II (	CLINICAL SUPERVISOR'S RECOMMENDATION					
RECOMMEND APPROVAL	RECOMMEND APPROVAL WITH MODIFICATION (Specify below)	RECOMMEND DISAPPROVAL (Specify below)				
STATEMENT:						
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR	STAMP DATE				