

LIST OF CLINICAL PRIVILEGES – LICENSED PROFESSIONAL COUNSELOR (LPC)

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 military service.

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, 3, or 4 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.

2. Supervision required. (*Unlicensed/uncertified or lacks current relevant clinical experience*).

3. Not approved due to lack of facility support. (*Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.*)

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 MEDICAL FACILITY:

ADDRESS:

INDEPENDENT PRACTICE BY LPCs REQUIRES A MASTER'S DEGREE FROM A PROGRAM ACCREDITED BY THE COUNCIL FOR ACCREDITATION OF COUNSELING AND RELATED EDUCATION PROGRAM, PASSAGE OF THE NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAMINATION, LICENSURE AT THE HIGHEST CLINICAL LEVEL OFFERED BY THEIR STATE LICENSING BOARD, AND / OR OTHER REQUIREMENTS PER DoD POLICY

I Scope		Requested	Verified
P389091	The scope of privileges for LPCs includes evaluation, diagnosis, treatment and consultation for patients with psychological disorders, emotional problems and substance use issues through counseling and a variety of behavioral health therapies.		
Diagnosis and Management (D&M)		Requested	Verified
P389066	Perform Command / Unit needs assessments		
P389068	Consult with Medical / Allied Health Agencies		
P389095	Consult with community organizations		
P389072	Substance abuse treatment (IAW with DoD and Service policy)		
Therapies:		Requested	Verified
P388943	Individual Therapy		
P388945	Group Therapy		
P388949	Marital /couple Therapy		
P388947	Family Therapy		
P389077	Crisis intervention		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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