LIST OF CLINICAL PRIVILEGES - PSYCHIATRY

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 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 facility master Strawman. Use of this code is reserved for the Credentials 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			
I Scope			Requested	Verified	
P383637	The scope of privileges in Psychiatry includes the consultation to patients presenting with mental, be disorders. Psychiatrists treat patients of all ages thand nonpharmacologic therapies and may provide perform special military evaluations in accordance admit to the facility and may provide care to patien accordance with MTF policies. They may also assi disposition of patients with emergent conditions in policy.				
Diagnosis and Management (D&M)			Requested	Verified	
P383639	Evaluation for special military programs (Personne				
P383641	Sanity boards				
P389122	Consult with community organizations and schools	3			
P389252	Psychological autopsies				
P389085	Hypnosis				
P384914	Biofeedback				
	Therapies:		Requested	Verified	
P388943	Individual Therapy				
P388945	Group Therapy				
P388949	Marital / Couple Therapy				
P388947	Family Therapy				
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified		
P383660	Addiction Psychiatry				
P383662	Child and Adolescent Psychiatry				
P383666	Forensic Psychiatry				
P383668	Geriatric Psychiatry				
P383670	Hospice and Palliative Medicine				
P383672	Pain Medicine				
P383674	Psychosomatic Medicine				
	1				

LIST OF CLINICAL PRIVILEGES – PSYCHIATRY (CONTINUED)									
Procedures:				Requested	Verified				
P383677	Electroconvulsive Therapy								
P383679	Transcranial magnetic stimulation								
P388335	Acupuncture								
Other (Facility- or provider-specific privileges only):				Requested	Verified				
SIGNATURE OF APPLICANT					DATE				
11	CLIN	CAL SUPERVISOR'S RECOMMENDATION	1						
RECOMMEND APPROVAL RECOMMEND APPROVAL WITH MODIFICATIONS (Specify below) RECO					MMEND DISSAPPROVAL ify below)				
STATEMENT:									
OTAT EMILITY									
CLINICAL SUP	ERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME O	R STAMP	DATE					