

## LIST OF CLINICAL PRIVILEGES – DEVELOPMENTAL-BEHAVIORAL PEDIATRICS

**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:**

**Providers requesting these privileges must also request privileges in Pediatrics**

I Scope		Requested	Verified
<b>P390688</b>	The scope of privileges in Developmental-Behavioral Pediatrics includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood concerning their physical, emotional, and social health as well as treating acute and chronic disease. Privileges also include providing care to patients who have complex medical problems or developmental disabilities, including coordinating multiple services and disciplines in an organized treatment plan, administration and interpretation of developmental testing, interpretation of psychoeducational testing and management of severe childhood behavioral problems, including the use of multiple psychotropic medication where indicated.		
<b>P390688-con't</b>	Additional privileges include the initial evaluation of and genetic counseling for genetic conditions which are common in children with neurodevelopmental disabilities. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
<b>Other (Facility- or Provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – DEVELOPMENTAL-BEHAVIORAL PEDIATRICS (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

☐ **RECOMMEND APPROVAL**      ☐ **RECOMMEND APPROVAL WITH MODIFICATION**      ☐ **RECOMMEND DISAPPROVAL**  
(Specify below)      (Specify below)

**STATEMENT:**

**CLINICAL SUPERVISOR SIGNATURE**

**CLINICAL SUPERVISOR PRINTED NAME OR STAMP**

**DATE**