



Privileges Clinical Mental Health Service

The application for appointment, requested privileges, and supporting documentation and information has been reviewed and evaluated by all pertinent parties with the following recommendations.

Practitioner Name _____ Date _____

Approved Privilege(s) _____

Privilege Effective Date _____ through _____

Recommendation of Credentialing Officer

____ Recommend all requested privileges ____ Do Not Recommend

____ Recommend Privileges with the following conditions/modifications _____

Signature of Credentialing Officer

Date

Recommendation of MEC

____ Recommend all requested privileges ____ Do Not Recommend

____ Recommend privileges with the following condition/modification: _____

MEC Chairperson

Date

Recommendation of Governing Board

____ Recommend all requested privileges ____ Do Not Recommend

____ Recommend privileges with the following conditions/modifications _____

Governing Board Chairperson

Date



Privileges Clinical Mental Health Service

All new applicants must meet the following requirements as approved by the Governing Body

APPLICANT: Check off the "requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity and other qualifications as listed.

- Privileges granted may only be exercised at the site/setting that has sufficient space, equipment, staffing and other resources required to support the privilege.
- The core procedure list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/privileges requiring similar skill sets.

Qualifications: New applicants

- a) Completion of a Masters or Doctorate degree in counseling or clinical psychology from an accredited institution
- b) Pre/post internship in clinical therapy for the applicable position
- c) State license for Oklahoma
- d) Meet criteria for maintenance of licensure
- e) Minimum of 2 years' experience in psychology/therapy/mental health services
- f) The applicant must possess current board certification

Other Requirements

- Note that privileges granted may only be exercised at CRH clinic that has the appropriate equipment, license, staff and other support required to provide the services described in this document.
- This document defines qualifications to exercise clinical privileges. The applicant must also adhere to Clinton Regional Hospital policies as defined in the by-laws.

Required previous experience: The successful applicant must be able to demonstrate provision of inpatient, outpatient, or consultative service to an acceptable number of patients during the past 12 months.



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Request Core Privileges Behavioral Health

Core Procedures List

This is a list of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

If you wish to exclude any procedures, please strike through the procedures and initial/date.

- Appropriate and timely documentation in the electronic medical record _____
- Family therapy _____
- Individual psychotherapy/therapy/counseling _____
- Marital and/or Couples therapy _____
- Psychological and cognitive assessment of children, adolescents and adults _____
- Psychosocial and psychoeducational consultation with other health care providers _____
- Group therapy _____
- Progress notes within the scope of their license & assigned treatment responsibility _____
- Inpatient treatment planning _____
- Outpatient treatment planning _____
- Inpatient therapy _____
- Outpatient therapy _____
- Drug and Alcohol Awareness Education _____



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Non-Core Privileges: Child and Adolescent Psychologist

Qualifications for Child and Adolescent Psychologist

Criteria: Completion of one year of approved, verifiable graduate or post graduate training in a program in which child and adolescent interventions and assessments were specifically taught and supervision was provided by a fully licensed psychologist or psychiatrist independently privileged or credentialed or recognized as an expert in this area.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an acceptable number of patients and interventions in the past 12 months.

Reappointment requirements: Demonstrated current competence and the performance of an acceptable number of patients and interventions in the past 24 months.

Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Clinton Regional Hospital, and I understand that:

- In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency, and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Printed Name _____

Signature _____ Date _____