



DELINEATION OF PRIVILEGES Psychiatric and Mental Health Nurse Practitioner

Applicant's Full Name	Michigan License Number
Primary Service:	
Supervising Physician:	

LEVEL I

Requested	Granted	Delegated Functions	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Initial and ongoing assessment and management of the health status of patients with mental health problems and illnesses who are under the collaborative care of this nurse and the delegating medical staff who have signed below. Privileges include:</p> <ul style="list-style-type: none"> • Perform comprehensive psychiatric evaluations, including mental status examinations. • Order, conduct, and interpret diagnostic tests. • Diagnose syndromes based on DSM-IV criteria. • Plan treatment in collaboration with patients, families, colleagues, and other agencies as indicated. • Provide indicated treatments including, but not limited to, the following interventions: <ul style="list-style-type: none"> • Authorized prescribing for all but scheduled substances. • Prescribing non-pharmacologic somatic therapies (e.g.: Massage, relaxation training, and others). • Psychotherapy, counseling or behavior therapy • Patient and family education. • Referral to other health professionals and resources. <p>Treatments include work with individuals, couples, families, and/or young and old adults as appropriate to this individual's assigned duties.</p>	<p>Authority to prescribe medical treatment and medications and to order diagnostic tests is derived from the delegation of that authority by the licensed physicians signed below, who shall supervise the performance of those delegated functions, in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17210; 17708(2). Basic education:</p> <ul style="list-style-type: none"> • Bachelor of Science in Nursing • Master's Degree in Psychiatric and/or Mental Health Nursing <p>Licensing/Certification:</p> <ul style="list-style-type: none"> • Current license to practice nursing in the State of Michigan. • Specialty Certification as a Nurse Practitioner in the State of Michigan. • Certification as a Clinical Nurse Specialist in Psychiatric and Mental Health Nursing by the American Nurses Credentialing Center, or eligibility, with completion of certification within two years of employment. <p>Three or more years experience as an RN with two or more in psychiatric nursing.</p> <p>New Psychiatric Nurse Practitioners graduates and/or new prescribers will have a mentoring period that will be defined at hiring, based on training and experience. The delegating physician or physicians will be conducting the mentoring. This mentoring period may last from one to six months and may be extended as needed.</p> <p>Privileges must be re-requested every two years, thereafter. Competency assessment which may include peer review will occur at least annually, utilizing chart reviews and/or other observational methods. At least 10 cases in a 12 month period will be formally reviewed and results documented.</p>



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FPPE Requirements: Each new appointee will have a senior faculty member identified to serve as a clinical mentor and review of initial professional practice. This advisory and monitoring function will occur for the first six months of appointment. After successful completion of this initial six month period, the appointee’s professional practice will be monitored through the ongoing Professional Practice Evaluation process. It is understood that the FPPE may not be completed at the end of six months. As part of this initial FPPE, a provider profile will be reviewed for clinical activity and for medical record compliance. Outpatient and/or inpatient notes will be evaluated for key components including history, physical examination, and medical decision making. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of appointment. Reporting will be made through the Division leadership.

TO BE COMPLETED BY APPLICANT:

I meet the above mentioned minimum training and experience criteria and request that my application be considered for the delegated functions that I have selected.

Applicant: _____
Name

Signature Date

Scope of Services approved	As Requested _____	As Modified Explain _____

ACKNOWLEDGMENT OF DELEGATING PHYSICIAN(S): The above-named practitioner shall work in collaboration with physicians in the exercise of clinical privileges, including those privileges exercised pursuant to delegation and supervision. I believe the above-named practitioner is competent and qualified to perform the requested privileges. Consistent with MCL 333.17409(5), I am signing on behalf of the group of physicians privileged in this clinical department/service.

Supervising Physician: _____
Signature Date

Service Chief: _____
Signature Date

Department Chair: _____
Signature Date