



Delineation of Privileges Department of Neurology – Sleep Medicine Psychologist

Applicant's Name: _____
First
Middle
Last

Instructions: Check the box corresponding to the privileges that you are requesting. Applicants requesting privileges should only request those privileges when the minimum criteria has been met.

SLEEP MEDICINE

FPPE

Privileging Requirements:

- Review 3 sleep study reports and interpretations every 3 months for 6 months
- Monitor will observe monitored practitioner staffing sleep studies with fellows once every 3 months for 6 months
- Monitor feedback from Sleep Medicine fellows at the conclusion of the first 6 months
- If the psychologist sees clinic patients, review 3 notes from such encounters during the first 6 months

Requested	Granted	Scope of Practice / Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	Will perform interpretation of sleep studies and/or provide clinical evaluation and treatment of patients with insomnia and other sleep disorders that have primarily a psychological basis. Will review and interpret raw and scored sleep study data, as recorded from laboratory-based sleep studies or relevant home studies, with concurrent or subsequent review by a board-certified sleep medicine specialist (physician) where required by American Academy of Sleep Medicine accreditation guidelines or third-party payer contracts. For patients seen in sleep clinics, the psychologist will: 1) develop a provisional diagnosis and differential diagnosis; 2) decide on utilization of any tests for further evaluation of the illness; 3) communicate a plan with the patient and/or care giver and the referring physician; 4) review and interpret results of any additional tests ordered; 5) render a final therapeutic plan.	A psychologist with specialization in sleep medicine must have completed a PhD degree in clinical psychology from an accredited university program in psychology. The candidate must have completed at least one year clinical internship in clinical psychology at a site approved by the applicant's graduate training program. The candidate must hold a valid license to practice psychology in Michigan. To participate in review and interpretation of sleep studies, the psychologist must be board certified in Sleep Medicine.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION

Approval: _____ As Requested _____ As Modified

Explain any modifications:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date: _____

Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION

Approval: _____ As Requested _____ As Modified

Explanation for any modification:

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION

Approval: _____ As Requested _____ As Modified

Explanation for any modification:
