University of Michigan
Hospitals and
Health Centers

Delineation of Privileges
Department of Pediatrics / Division of Child Behavioral Health
Section of Pediatric Psychology

_____	*Applicant's Name*	_____	_____
Date	***First***	***MI***	***Last***

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

<u>Minimum threshold for requesting core privileges in Department / Service</u>

☐ I meet the following mentioned minimum criteria and request that my application be considered for the privileges as outlined below.

LEVEL I

Requested	Granted	Scope of Practice / Privileges	Minimum Training and Experience
☐	☐	Treats inpatients and outpatients, all ages of patients. Engages in Psychological evaluation and diagnosis of self, physician and other referred patients, using formal psychometric tests and procedures, through direct administration or supervision of administration, as well as interview and other quantitative and non-quantitative techniques. Engages in initial and continuing evaluation and/or treatment of patients, including evaluation and treatment intervention. Interventions using non-physically invasive behavioral based approached to the amelioration of mental illness and behaviors associated with other medical illnesses and conditions, e.g., reactions to stress, anxiety, depression, and other reactions to stress, anxiety, depression, and other reactions to illness and/or treatments as well as emotional, vocational, educational, personal and interpersonal adjustments. Treatments may consist of interventions based in motivational and learning theory and which constitute what is generally defined as "psychotherapy" or "counseling" or "behavior therapy," or other treatments as justified by the individual's training background (see special privileges section).	Requires a doctoral degree (e.g., Ph.D.) from an accredited university program in Psychology and 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. For those joining the faculty immediately after completion of training, a letter of reference from the Director of the program at which the applicant trained documenting satisfactory completion of the program (including adequate patient care volume and demonstration of competency in patient care, two additional supporting letters from faculty of the candidate's program. For those joining the faculty after having already been practicing elsewhere: two letters of reference from psychologists who can attest to the applicant's competency in patient care and teaching abilities; three additional supporting letters from psychologists who are acquainted with the applicant's current professional status, medical practice, and involvement in the field.

LEVEL I (continued)

Requested	Granted	Scope of Practice/Privileges	Minimum Training and Experience
		This may include work with individuals, couples, families, groups, children and/or young and old adults as appropriate to this individual's assigned duties in the medical center. Evaluation and diagnosis consists of integrating findings from formal behavioral measures and other clinical observations (e.g., findings from interview), with findings from history to arrive at a behaviorally based clinical conclusion regarding physical and/or psychological etiology (ies) for the patient's condition. Examples include conclusions about competency, dementia, behavioral efficiency, mental and emotional impairment, retardation or deficiency, behavioral disorder, as well as intellectual, language, cognitive, psychomotor, emotional, vocational, personal, and/or interpersonal adjustment.	**Reappointment Requirements:** To retain privileges, the care of a minimum of 24 patients during a 12 month period is required.:

LEVEL II

Requested	Granted	Privileges	Minimum Training and Experience
☐	☐	Neuropsychology. This individual evaluates and treats patients using techniques and procedures unique to the specialized practice of neuropsychology, including administration, direct or through supervision, of specialized psychometrics, e.g., the Halstead-Reitan Test Battery.	For specialized practice (e.g., neuropsychology), the individual must have successfully completed formal and approved postdoctoral training in the area of specialization and/or be board certified by an appropriate certifying body (e.g., ABPP/ABCN for neuropsychology).

TO BE COMPLETED BY APPLICANT:

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 _____

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 ☐ Disapproved, explain _____

Credentials Committee Member: _____ Date _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval: ☐ As Requested ☐ Disapproved, explain _____

Executive Committee On Clinical Affairs Member: _____ Date _____