

## Delineation of Privileges Department of Psychiatry / Section of Psychology

Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ 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.

### Minimum threshold for requesting core privileges in Department / Service

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
<input type="checkbox"/>	<input type="checkbox"/>	<p>Treats inpatients and outpatients, all ages of patients, in hospital and extra-hospital settings, directly and independently as well as via inpatient or outpatient consultation. 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 illness and/or treatments as well as emotional, vocational, educational, personal and interpersonal adjustments.</p> <p>Treatments may consist of interventions based in motivational and learning theory and which constitute what is generally defined as “psychotherapy” or “counseling”</p>	<p>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.</p> <p>The candidate must hold a valid license to practice psychology in Michigan.</p>



or “behavior therapy,” or other treatments as justified by the individual’s training background (see special privileges section). This may include work with individuals, couples, families, groups, children, families, 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.

## LEVEL II

Requested	Granted	Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Neuropsychology.</b> In addition to privileges described for Psychology in general, 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.</p>	<p>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).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Child Clinical Psychology.</b> In addition to privileges described for Psychology in general, this individual evaluates and/or treats child and adolescent patients and families using specialized therapy (e.g., individual, group, behavior modification, play) and/or assessment techniques and procedures (e.g., Wechsler Intelligence Scale for Children-III, Woodcock-Johnson Tests of Achievement – Revised, Child Behavior Checklist) and/or consultation with appropriate community agencies e.g., school system, child protective services)and services unique to the specialized practice of child and adolescent psychology.</p>	<p>For specialized practice (i.e., child clinical psychology), in addition to the requirements listed for Psychology Level I, the individual must have successfully completed appropriate graduate and internship training and specialized postdoctoral training in clinical child psychology or have substantive, demonstrated experience in treatment and assessment of children, youth, and families.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Behavioral/Health Psychology.</b> In addition to privileges described for Psychology in general, this individual evaluates and treats patients using techniques and procedures derived from behavior modification, cognitive behavior therapy, psychophysiology, and health psychology for conditions involving psychological distress, psychophysiological dysfunction, or behavioral aspects of medical conditions.</p>	<p>For specialized practice (i.e., behavioral/health psychology), in addition to the requirements listed for Psychology Level I, the individual must have successfully completed formal and approved training or be board certified by an appropriate certifying body (e.g., ABPP) in this area of specialization or have substantial professional experience of at least 5 years in Behavioral /Health Psychology, and competency attested to by a psychologist knowledgeable about the candidate’s professional experience.</p>



**LEVEL III**

Requested	Granted	Privileges	Additional Education, Training and Experience
		THERE ARE NO LEVEL III PRIVILEGES AS OF 01/03/05.	

**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 \_\_\_\_\_