

## Delineation of Privileges

### Department of Family Medicine: Psychology

\_\_\_\_\_  
*Date*                      *Applicant's Name*                      *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>Treatment of inpatients and outpatients of all ages. 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. Initial and continuing evaluation and/or treatment of patients including evaluation and treatment intervention. Interventions utilize non-physically invasive, behavioral-based approaches to the amelioration of mental illness and behaviors associated with other medical illnesses and conditions (e.g., reactions to stress, anxiety, depression, and to illness and/or treatments) as well as emotional, vocational, educational, personal and interpersonal adjustments.</p> <p>Treatment may consist of interventions based in motivational and learning theory constituting what is generally defined as “psychotherapy,” “counseling,” “behavior therapy,” or other treatments as supported by the applicant’s training (see Level II privileges, and may include work with individuals, couples, families, groups, children, and/or young and old adults as appropriate to the</p>	<p>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 applicant’s graduate training program.</p> <p>Valid license to practice psychology in the State of Michigan.</p>



## LEVEL I (continued)

Requested	Granted	Scope of Practice/Privileges	Minimum Training and Experience
		applicant's assigned duties at UMHHS. Evaluation and diagnosis consist of integrating findings from formal behavioral measures and other clinical observations (e.g., interview findings), with findings from history to arrive at behavioral-based clinical conclusions regarding physical and/or psychology etiology(ies) for the patient's condition. Examples include conclusions about competency, dementia, behavioral efficiency, mental and emotional impairment, retardation or deficiency, and/or behavioral disorder as well as intellectual, language, cognitive, psychomotor, emotional, vocational, personal and/or interpersonal adjustment.	

## LEVEL II

Requested	Granted	Scope of Practice/Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<b>Neuropsychology</b>  Evaluation and treatment of patients using techniques and procedures unique to the specialized practice of neuropsychology including administration, direct or through supervision of administration, of specialized psychometrics (e.g., the Halstead-Reitan Test Battery).	Successful completion of formal and approved postdoctoral training in the area of specialization and/or board-certification 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's 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