

PSYCHIATRIC PRIVILEGES REQUEST FORM

INTRODUCTION

This Psychiatric Privileges Request Form is designed primarily for physicians who have completed a residency in psychiatry; (psychiatric privileges for nonpsychiatric physicians are listed in section VII of the Medical Privileges Request Form). It must be accompanied or preceded by a completed application for medical staff appointment, including the necessary supporting documents. Many clinical privileges pertinent to the practice of psychiatry are listed below. The request for privileges must reflect both the applicant's and the facility/staff's ability to carry out or support the various functions. Any additional requested privileges shall be presented in an attached list and referenced on this form under "other."

INSTRUCTIONS FOR COMPLETING THE FORM

Applicant: With a check mark in the appropriate location, indicate for each item whether you are requesting *limited* or *full* privileges. *Limited* means that the applicant may function in the area of the stated clinical privileges only under the direct supervision of a provider holding *full* privileges. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large. Be sure to sign the request as indicated on page 6.

Discipline-specific supervisor or consultant: Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location for either *full*, *limited*, or *not recommended* (N.R.). Please explain any recommended limitations or denial of privileges on an attached sheet. Your recommendations are considered by the governing body when granting or not granting privileges.

I. MAJOR GENERAL PSYCHIATRIC PRIVILEGES

A. Diagnosis and Treatment of Adult:

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Affective disorders (unipolar& bipolar) and dysthymic disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Schizophrenic disorders (including brief reactive psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anxiety disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Somatoform disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Personality disorders and borderline states	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
B. Differential diagnosis of organic mental syndromes psychiatric, physical, by laboratory techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Differential diagnosis and treatment of neuropsychiatric conditions, including localizing and diffuse cortical pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Differential diagnosis and treatment of emergency psychiatric conditions, including suicidal, acutely psychotic, assaultive, noncommunicative, and drug and alcohol related syndromes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Diagnosis and Treatment in Children and Adolescents of:

- 10. Conduct disorders
- 11. Attention deficit disorder and hyperactivity
- 12. Enuresis, encopresis, sleep walking, and sleep terror
- 13. Tics (including Tourette's disorder)
- 14. Identity disorders
- 15. Attachment/object relations disorders
- 16. Other (specify): _____

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Diagnosis and treatment of mental retardation

C. Diagnosis and treatment of developmental delays, learning disabilities, and specific neuropsychiatric dysfunctional syndromes

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Use in Children and Early Adolescents of:

- 1. Antidepressants
- 2. Neuroleptics
- 3. Benzodiazepines
- 4. Psychomotor stimulants
- 5. Anticonvulsants for psychiatric purposes
- 6. Other medications with a primarily psychoactive pharmacologic effect
- 7. Other (specify): _____

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Individual psychotherapy, play therapy, behavioral therapy, and common child therapy

F. Emergency child psychiatric diagnosis and treatment of more common emergency child psychiatric syndromes (e.g., suicide attempts, dissociative states, psychotic presentations)

G. Other (specify): _____

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. MINOR PSYCHIATRIC PRIVILEGES

A. Forensic Psychiatric Privileges in:

1. Civil proceedings:

a. Adult

b. Child

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Criminal proceedings:

a. Adult

b. Child

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Use of Legally Controlled Treatment Modalities, Including:

1. Treatment of criminal sexual offenders
2. Use of electro-convulsive therapy
3. Use of investigational drugs in treatment of psychiatric disorders
4. Other (specify): _____

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Diagnosis and treatment of epilepsy

D. Administration of individual psychological tests (e.g., MMPI, Bender, WAIS)

E. Treatment of chronic pain and illness behavior syndromes

F. Diagnosis/treatment of culture bound syndromes

G. Other (specify): _____

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PSYCHIATRIC PRIVILEGES REQUEST FORM

1. I hereby request the clinical privileges as indicated on the forms attached.

Applicant

Date

2. I hereby recommend the clinical privileges as indicated.

Supervisor/Consultant

Date

3. As Chairperson of the Medical Staff Executive Committee, I hereby recommend the clinical privileges:
(check one)

___ As noted.

___ With the following exceptions, deletions, additions, or conditions:

Clinical Director

Date

4. I hereby recommend the applicant for clinical privileges.

Service Unit Director

Date

5. Privileges are hereby granted: (check one)

___ As noted.

___ With the following exceptions, deletions, additions, or conditions:

Chairperson of the
Governing Body

Date

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917-0009). Please *do not send* this form to this address.
