

CORE II- Special Privileges LICSW

Procedures	Basic Education & Minimal Formal Training	Required Documentation and Experience
<input type="checkbox"/> Chemical Health Screening	Same as Core I	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> Documentation of minimum of 25 assessments within the past 24 months, or Name and address of peer whom we may contact who has witnessed you performing this screening and can comment on your competency in this area. <hr/> <hr/> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> Evaluation of your competency conducted by a qualified peer of your choice. Please indicate name and address of the individual whom we may contact. <hr/> <hr/> <hr/>
<input type="checkbox"/> Biofeedback	Same as Core I	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> Documentation of experience with supervision. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> Evaluation of your competency conducted by a qualified peer of your choice. Please indicate name and address of the individual whom we may contact. <hr/> <hr/> <hr/>
<input type="checkbox"/> Hypnosis	Same as Core I	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> Documentation of experience with supervision. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> Evaluation of your competency conducted by a qualified peer of your choice. Please indicate name and address of the individual whom we may contact. <hr/> <hr/> <hr/>

TO BE COMPLETED BY APPLICANT:

I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information that has been requested of me for the privileges that I have applied for listed above. I also understand that my application for privileges will not proceed until which time that the information is received.

Signature

Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:

Regions Division/Section Head Signature

Date