

Regions Hospital Delineation of Privileges Psychologist

Applicant's Name: _____
Last
First
M
Date

Instructions: Applicants must provide complete names and addresses for their references. Please DO NOT SEND letters of recommendation along with your application. These must be primary source verified by Regions Hospital. If documentation of cases or procedures is required, please attach case and/or procedural logs to your privilege delineation.

Practice includes:

(Fill in age range) **Children** **Adolescents** **Adults**
ages () ages () ages ()

CORE I- General Privileges Psychologist

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>General core privileges for psychologists include being able to diagnose, provide treatment, and consult to patients who suffer from mental, behavioral, or emotional disorders. Specifically, general core privileges include psychological assessment, development of diagnosis based on DSM IV criteria, provide appropriate psychological intervention, counseling and/or referral and crisis intervention.</p>	<ol style="list-style-type: none"> 1. Prior to November 1, 1991, masters degree from an accredited training program is acceptable, or 2. After November 1, 1991, doctoral degree with a major in psychology from an accredited institution is acceptable. 3. The successful applicant must be able to demonstrate two years post graduate supervision. 4. Currently licensed by the Minnesota Board of Psychology. 	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. Name and address of a psychiatrist and a psychologist whom we may contact who can attest to your competency to perform requested privileges. <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Evaluation of your competency conducted by a qualified psychologist peer of your choice. Please indicate name and address of the psychologist whom we may contact. <p>_____</p> <p>_____</p> <p>_____</p>

CORE II- Special Privileges Psychologist

Procedures	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p><input type="checkbox"/> Interpretation of psychometric testing (MMPI)</p>		<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. Documentation or demonstration of graduate and post-graduate supervised experience. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Evaluation of your competency conducted by a qualified psychologist peer of your choice. Please indicate name and address of the psychologist whom we may contact. <p>_____</p> <p>_____</p> <p>_____</p>

CORE II- Special Privileges Psychologist continued:

Procedures	Basic Education & Minimal Formal Training	Required Documentation and Experience
<input type="checkbox"/> Administration and interpretation of neuropsychological testing	Same as Core I	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. One year pre or post doctoral internship or fellowship in neuropsychology (and documentation of assessments), or 2. Supply a comprehensive list of documentation of appropriate training, or 3. Documentation of diplomat exam. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Evaluation of your competency conducted by a qualified psychologist peer of your choice. Please indicate name and address of the psychologist whom we may contact. <hr/> <hr/> <hr/>
<input type="checkbox"/> Chemical dependency screening	Same as Core I	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. Documentation of a minimum of 25 assessments within the past 24 months, or 2. Name and address of a peer who has witnessed you performing this procedure whom, we may contact who can comment on your competency in this area. <hr/> <hr/> <hr/> <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Evaluation of your competency conducted by a qualified psychologist peer of your choice. Please indicate name and address of the psychologist 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"> 1. Documentation of graduate or post graduate experience or practicing with supervision. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Evaluation of your competency conducted by a qualified psychologist peer of your choice. Please indicate name and address of the psychologist whom we may contact. <hr/> <hr/> <hr/>

CORE II- Special Privileges Psychologist continued:

Procedures	Basic Education & Minimal Formal Training	Required Documentation and Experience
<input type="checkbox"/> Hypnosis	Same as Core I	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> Documentation of graduate or post graduate experience or practicing with supervision. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> Evaluation of your competency conducted by a qualified psychologist peer of your choice. Please indicate name and address of the psychologist 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:

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.

Signature

Date