

**Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

Initial privileges (initial appointment)

<input type="checkbox"/>   <input checked="" type="checkbox"/> Requested
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Renewal of privileges (reappointment)

<input type="checkbox"/>   <input checked="" type="checkbox"/> Requested
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Expansion of privileges (modification)

<input type="checkbox"/>   <input checked="" type="checkbox"/> Requested
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**Clinic:** \_\_\_\_\_ **Location:** \_\_\_\_\_

## Instructions

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair & Clinic Medical Director:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

## Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Approved 12/10/14 Rev: 4/26/16**

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## Policies Governing Scope of Practice

### Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and record relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

### Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

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## *Qualifications for General Psychiatry*

***Initial privileges*** - To be eligible to apply for privileges in general psychiatry, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) - or American Osteopathic Association (AOA)–accredited residency in psychiatry.

AND

Current certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable number of patients during the past 12 months, or demonstrate successful completion of an ACGME – or AOA –accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in general psychiatry, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

*Continued...*

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## **CORE PRIVILEGES: *General Psychiatry***

Evaluate, diagnose, treat, and provide consultation to adult patients presenting with mental, behavioral, addictive, or emotional disorders (e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). Evaluate, admit, provisionally diagnose and provide initial treatment for child and adolescent patients. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders; pharmacotherapy; psychotherapy; family therapy; behavior modification; consultation to the courts; and emergency psychiatry; as well as the ordering of diagnostic laboratory tests and the prescription of medications. Includes the performance of history and physical exams. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Requested**

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## ***Qualifications for Child and Adolescent Psychiatry***

***Initial privileges*** - To be eligible to apply for privileges in child and adolescent psychiatry, the applicant must meet the following criteria:

Meet criteria for general psychiatry, plus successful completion of an accredited ACGME or AOA residency in child and adolescent psychiatry.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in child and adolescent psychiatry by the American Osteopathic Board of Neurology and Psychiatry.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable number of patients during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in child and adolescent psychiatry, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

***Continued...***

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## **CORE PRIVILEGES: *Child and Adolescent Psychiatry***

Evaluate, diagnose, treat, and provide consultation to children and adolescents who suffer from mental, behavioral, addictive, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders. Includes the performance of history and physical exams. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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## ***Qualifications for Addiction Psychiatry***

***Initial privileges*** - To be eligible to apply for privileges in addiction psychiatry, the applicant must meet the following criteria:

Meet criteria for general psychiatry, plus successful completion of an accredited ACGME or AOA residency in addiction psychiatry.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in addiction psychiatry by the American Board of Psychiatry and Neurology, or Certificate of Added Qualifications in addiction psychiatry by the American Osteopathic Board of Neurology and Psychiatry.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at an acceptable number of patients during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in addiction psychiatry, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

***Continued...***

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## **CORE PRIVILEGES: *Addiction Psychiatry***

Evaluate, diagnose, treat, and provide consultation to patients with mental problems related to addictive disorders and the special and emotional problems related to addiction and substance abuse (alcoholism and other drug dependencies, such as psychoactive drug use and addiction,) using all forms of psychological and social treatment including medications. Includes the performance of history and physical exams. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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## ***Qualifications for Geriatric Psychiatry***

***Initial privileges*** -To be eligible to apply for privileges in geriatric psychiatry, the applicant must meet the following criteria:

Meet criteria for general psychiatry, plus successful completion of an ACGME - or AOA- accredited residency in geriatric psychiatry

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in geriatric psychiatry by the American Board of Psychiatry and Neurology

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable number of patients during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in geriatric psychiatry, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

***Continued...***

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## **CORE PRIVILEGES: *Geriatric Psychiatry***

Evaluate, diagnose, treat, and provide consultation to elderly patients with mental and emotional disorders. Includes the performance of history and physical exams. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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## ***Qualifications for Psychosomatic Medicine***

***Initial privileges*** - To be eligible to apply for privileges in psychosomatic medicine, the applicant must meet the following criteria:

Meet criteria for general psychiatry, plus successful completion of an ACGME- or AOA- accredited residency in psychosomatic medicine  
AND  
Current subspecialty certification or active participation in the examination process leading to subspecialty certification in psychosomatic psychiatry by the American Board of Psychiatry and Neurology.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable number of patients during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in psychosomatic medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

*Continued...*

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## **CORE PRIVILEGES: *Psychosomatic Medicine***

Evaluate, diagnose, treat, and provide consultation to patients with mental problems related to psychosomatic disorders. Includes the performance of history and physical exams. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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## Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## SOM Department Chair Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: \_\_\_\_\_

**Department Chair:** *(print & sign):* \_\_\_\_\_ Date: \_\_\_\_\_

**Clinic Medical Director:** *(print & sign):* \_\_\_\_\_ Date: \_\_\_\_\_

**UNMMG CMO:** \_\_\_\_\_ Date: \_\_\_\_\_

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