

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

Initial privileges (initial appointment)

Requested
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Renewal of privileges (reappointment)

Requested
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Expansion of privileges (modification)

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.

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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 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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**Page 2 of 9 Initials \_\_\_\_\_**

## ***Qualifications for Psychologist***

**Initial privileges** - *To be eligible to apply for privileges as a psychologist, the applicant must meet the following criteria:*

Possess an earned doctorate degree (Ph.D., Psy.D, or EDD) in psychology from an accredited educational institution

AND

Meets criteria for maintenance of licensure as specified by the New Mexico Board of Psychologist Examiners

***Required Previous Experience:*** The successful applicant must be able to demonstrate provision of inpatient, outpatient, or consultative service to an acceptable number of patients during the past 12 months.

**Reappointment (Renewal of Privileges) Requirements** - *To be eligible to renew privileges as a psychologist, 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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**Page 3 of 9 Initials \_\_\_\_\_**



## CORE PRIVILEGES: *Psychologist*

Diagnose, provide treatment and consultation to patients who suffer from mental, behavioral, or emotional disorders. Children, adolescent and adult patients except as specifically excluded from practice.

### *Psychologist Core Procedures List*

This is a list of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

#### Requested

1. Appropriate and timely documentation in the electronic medical record
2. Family Couples therapy
3. Individual psychotherapy/therapy/counseling
4. Marital and/or Couples therapy
5. Psychological and cognitive assessment of children, adolescents and adults
6. Psychosocial and psychoeducational consultation with other health care providers

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**Page 4 of 9 Initials \_\_\_\_\_**



## ***Qualifications for Clinical Neuropsychologist***

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

Possess an earned doctorate degree (Ph.D., Psy.D, or EDD) in psychology from an accredited university training institution

AND

Completion of a predoctoral internship, or its equivalent, in a clinically relevant area of professional psychology

AND

Meets criteria for maintenance of licensure as specified by the New Mexico Board of Psychologist Examiners

AND

***Required Previous Experience:*** Completion of the equivalent of two (fulltime) years of experience and specialized training, at least one of which is at the post-doctoral level, in the study and practice of clinical neuropsychology and related neurosciences. These two years include supervision by a clinical neuropsychologist.

***Reappointment (Renewal of Privileges) Requirements*** -To be eligible to renew privileges in clinical neuropsychology, 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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**Page 5 of 9 Initials \_\_\_\_\_**



## CORE PRIVILEGES: *Clinical Neuropsychology*

Diagnose, provide treatment and consultation to patients with medical, mental, behavioral, or emotional disorders. Children, adolescent and adult patients except as specifically excluded from practice. Patients of all Ages except as specifically excluded from practice.

### *Clinical Neuropsychologist Core Procedures List*

This is a list of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

#### Requested

1. Family assessment/therapy
2. Family/Couples therapy
3. Group therapy
4. Individual psychotherapy/therapy/counseling
5. Marital and/or Couples therapy
6. Neuropsychological and/or psychological assessment/testing of children, adolescents, & adults
7. Psychological assessment
8. Psychosocial and psychoeducational consultation with other health care providers
9. Psychotherapy

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**Page 6 of 9 Initials \_\_\_\_\_**



## **Special Non- Core Privileges (See Specific Criteria)**

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### ***Qualifications for Child and Adolescent Psychologist***

**Criteria:** Completion of one year of approved, verifiable graduate or post graduate training in a program in which child and adolescent interventions and assessments were specifically taught and supervision was provided by a fully licensed psychologist or psychiatrist independently privileged or credentialed or recognized as an expert in this area.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance of an acceptable number of patients and interventions in the past 12 months.

**Reappointment requirements:** Demonstrated current competence and the performance of an acceptable number of patients and interventions in the past 24 months.

## **NON- CORE PRIVILEGE: *Child and Adolescent Psychologist***

- Requested**

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**Page 7 of 9 Initials \_\_\_\_\_**

### ***Qualifications for Hypnotherapy***

**Criteria:** Evidence of satisfactory completion of training in an accredited program at a university or one sponsored by an appropriate organization such as the American Psychological Association; and evidence of satisfactory completion of training in the practice of hypnosis under the supervision of a person qualified for hypnosis; and evidence of continuing education or supervision in hypnosis by significant attendance at courses or publishing articles in journals or books of good standing during the past five years.

**Required previous experience:** Demonstrated current competence and evidence of the performance of an acceptable number of hypnotherapy interventions in the past 12 months.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of an acceptable number of hypnotherapy interventions in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON- CORE PRIVILEGE: *Hypnotherapy***

**Requested**

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**Page 8 of 9 Initials \_\_\_\_\_**





## 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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