

**CLINICAL OR COUNSELING PSYCHOLOGIST CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)
- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

**QUALIFICATIONS FOR CLINICAL OR COUNSELING PSYCHOLOGIST**

<p><b>Education and training</b></p>	<p>Completion of an approved professional doctoral degree in psychology from an ASPPB/National Register Designated Doctoral Program in Psychology;<sup>1</sup>  <u><b>OR</b></u>                  Completion of a doctoral degree in psychology from an American Psychological Association (APA)- or Canadian Psychological Association (CPA)-accredited program;<sup>1</sup>  <u><b>AND</b></u>                  Completion of at least two years (3,000 hours) of supervised experience in health services, including:                  -one-year (1,500 hours) internship or training program meeting the National Register's Guidelines, and                  -one-year (1,500 hours) of supervised postdoctoral experience meeting the National Register's Guidelines.<sup>1</sup>  <u><b>AND</b></u>                  An active, unrestricted license or certification by a State, Provincial or Territorial Board of Examiners of Psychology to practice psychology at the independent practice level.</p> <p>1,2</p> <p>Specialty Description: Study of the mind and mental processes, especially in relation to behavior. (www.medterms.com)</p> <p>1 Training requirements can be found at the National Register of Health Service Providers in Psychology at <a href="http://www.nationalregister.org/cred_requirements.html">http://www.nationalregister.org/cred_requirements.html</a></p> <p>2 State licensing board information can be found at <a href="http://www.nationalregister.org/licensing_boards.html">www.nationalregister.org/licensing_boards.html</a></p>
<p><b>Certification</b></p>	<p>Board certification through the American Board of Psychology.</p>

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<b>Licensure</b>	Current active certification and license to practice issued by the Florida Board of Psychology is required for applicants and reapplicants.
<b>Required current experience – initial</b>	Demonstrated current competence and evidence of the provision of Psychology services, reflective of the scope of privileges requested, during the past 12 months.
<b>Required current experience – renewal</b>	Demonstrated current 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 peer review outcomes as per the Medical Staff Bylaws.
<b>Ability to perform (health status)</b>	Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.

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**CORE PRIVILEGES — CLINICAL OR COUNSELING PSYCHOLOGIST**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

Diagnose, provide treatment and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through interviews, behavioral assessments, and the administration and interpretation of tests of intellectual abilities, aptitudes, personal characteristics, and other aspects of human behavior relative to the disturbance. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform psychological or bio-psychosocial evaluation
- Obtain social and psychological admission history

**Intervention procedures:**

- Family assessment/therapy
- Group therapy
- Marital or couples' therapy
- Psychological assessment
- Individual therapy
- Personal enhancement

**Assessment procedures to include:**

- Structured and unstructured interviews
- Measures of intelligence and achievement
- Objective and projective personality tests
- Direct observation
- Functional analysis of behavior and behavioral rating scales
- Tests of cognitive impairment and higher cortical functioning
- Physiological measures
- Analysis of archival data
- Milieu measures
- Batteries of techniques consisting of one or more of the above

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

**NEUROPSYCHOLOGICAL TESTING**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

**Criteria:** Applicants must meet the criteria for core privileges in clinical psychology and hold current certification in clinical neuropsychology by the American Board of Clinical Neuropsychology (ABCN) in affiliation with the American Board of Professional Psychology (ABPP) or the equivalent in training and experience. **Required current experience:** Demonstrated current competence and evidence of the performance of at least **15** neuropsychological testing procedures in the past 12 months or completion of training in the past 12 months. Supervision of an academic training program may suffice in lieu of meeting the volume requirement. **Renewal of privilege:** Demonstrated current competence and the performance of at least **30** neuropsychological testing procedures in the past 24 months. Supervision of an academic training program may suffice in lieu of meeting the volume requirement.

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable 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 policies governing privileged advanced practice professionals.

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

**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)**

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

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

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

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

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

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**  
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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_