

APP PRIVILEGES IN PSYCHIATRY - Behavioral Analyst

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

Required Qualifications

Education/Training	Doctoral-level Board Certification in Behavior Analysis (BCBA-D) OR Master's-level Board Certification in Behavior Analysis (BCBA-M) from the Behavior Analysis Certification Board (BACB).
Additional Qualifications (Initial and Reappointment)	At least 2 years of experience conducting applied behavior analysis with children, adolescents and adults with intellectual and developmental disabilities who show severe behavior disorders.
Clinical Experience (Reappointment)	Maintenance of all the above qualifications. Minimum of 22 core cases required during the past two years.
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Patient Population

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
	Patient Population		
	Pediatric		
	Adolescent		
	Adult		
	Geriatric		
	Setting		
	Outpatient		
	Inpatient		

Core Privileges

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
	General Supervision		
	Provide initial and ongoing assessments of client's daily living, social, and communication skills and behavioral issues, including the following:		
	relevant health, medical, behavioral, and psychosocial history		
	relevant intervention history		
	identify the needs of the individual as a result of the evaluation of collected data		
	develop individualized treatment plans for both skill acquisition and problem behavior reduction (based on function)		
	determine the effectiveness of the plan of care through documentation of client outcomes		
	reassess and modify the treatment plan as necessary to achieve established goals		
	monitor progress and make data-based revisions as needed		
	formulate clinical judgments based on data gathered to establish plan of care and prognosis		
	record information in medical record compliant with regulatory requirements		
	provide relevant treatment and patient education		
	make appropriate referrals to other health professional and community agencies		
	participate in quality assurance review on a periodic basis, including systematic review of records and treatment intervention plans		
	provide treatment based on the assessment within the scope of the BCBA's experience and continuing education in the appropriate area of specialty		
	Acute Patient Disorders		
	These may include but are not limited to: self-injurious behavior, aggression toward others, property destruction, disruptive behavior, and stereotypic behavior.		

[applicant]

	Additional Diagnostic Evaluations		
	Diagnostic evaluation as appropriate. This may include but is not limited to experimental functional analysis, descriptive analysis, reinforcer preference assessment, sequential analysis (behavior chain analysis), and ecological assessment. In addition, assessments may include criterion referenced assessments such as Basic Language and Learning Skills (ABLIS) and the Verbal Behavior Milestones Assessment and Placement Program (VB MAPP). Refer for specialty services as necessary.		
	Chronic Patient Disorders		
	These may include but are not limited to: autism, neurodevelopmental disorders, intellectual disabilities, traumatic brain injury, elders with disruptive behavior. Treatment by the behavior analyst of routine disorders - such as those listed above - will be within the standards of practice established collaboratively with the attending physician.		
	Disease Management (Primary Care Conditions)		
	These may include but are not limited to: training specific communication skills to replace the disruptive behaviors as well as identifying specific settings (context), antecedents, behaviors, and consequences that may maintain/reinforce the disruptive behaviors. Specific strategies of intervention include task analysis, chaining, prompting, fading, differential reinforcement, extinction, thinning a reinforcement schedule, generalization, shaping and modeling.		

FPPE

Core

Division

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
	(Select division which corresponds to your Supervising Physician)		
	Psychiatry		

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

[applicant]

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

_____ Date

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

_____ Date