



Privileges in Psychiatry Service

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**.

Required Qualifications

**Education/Training
Psychiatry**

Successful completion of an ACGME or AOA-accredited residency/fellowship in psychiatry or foreign equivalent training

AND

Current certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry & Neurology or the American Osteopathic Board of Neurology & Psychiatry or foreign equivalent training/board.

Psychologists

Successful completion of an APA accredited doctoral program in clinical or counseling psychology.

AND

Successful completion of an APA accredited internship

AND

CA Psychology license

AND

Documentation or attestation of the provision of psychological services for at least 5 inpatients, outpatients & consultative service during the past two years.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Psychiatry Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges include:	
	Privileges to admit, evaluate, diagnose, consult, perform history & physical, and provide treatment to patients presenting with mental, behavioral, or emotional disorders.	
	Consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders	
	Psychopharmacology for physicians	
	Providing individual, group and family therapy	
	Behavior modification	
	Consultation to the courts	
	Emergency psychiatry	
	Chemical dependency intervention and therapy	

Qualifications

Renewal Criteria Minimum 12 Psychiatry Core cases required during the past 2 years
 Maintain current certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry & Neurology or the American Osteopathic Board of Neurology & Psychiatry or foreign equivalent training/board.

FPPE

Psychiatry Core (Chart review)

Psychology Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Privileges include:	
	Privileges to admit, evaluate, diagnose, consult, and provide treatment to patients presenting with mental, behavioral, or emotional disorders such as depression, anxiety, substance abuse, psychosis, developmental disabilities, sexual dysfunction, adjustment reactions.	
	Consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders	
	Providing individual, group and family therapy	
	Behavior modification	
	Consultation to the courts	
	Chemical dependency intervention and therapy	
	Administration of psychological tests	

Qualifications

Renewal Criteria Minimum 12 Psychology Core cases required during the past 2 years

FPPE

Psychology Core (Chart review)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Addiction Medicine - No Age Limit. Privileges to admit, evaluate, diagnose, consult, perform history & physical, and provide treatment to patients presenting with addictive disorders (including behavioral addictions, e.g. gambling, sex, the Internet) [CRITERIA - Meeting Core Privilege criteria for psychiatry/psychology training or equivalency is not required. Board certification or active participation in the examination process leading to addiction medicine certification by the American Board of Addiction Medicine or the Addiction Medicine Board under the auspices of the American Board of Preventive Medicine. Renewal - Continued Board certification or active participation in the examination process leading to addiction medicine certification by the American Board of Addiction Medicine or the Addiction Medicine Board under the auspices of the American Board of Preventive Medicine]	
	Hypnotherapy [CRITERIA - Initial - Evidence of graduate school or post-graduate school training course in hypnosis; -AND- Membership in either: Division 30 of the American Psychological Association (this is the hypnosis division); -OR- Society for Clinical and Experimental Hypnosis -OR- Documentation of at least 5 supervised cases by someone with this privilege. Renewal - Minimum 5 cases required during the past 2 years]	
	Neuropsychological testing [CRITERIA - Initial - CA Psychology license; 10 cases in past two years. Renewal - Minimum 10 cases required during the past 2 years]	
	Biofeedback [CRITERIA - Initial - Certified by the Biofeedback Certification Institute of America. Renewal - Minimum 5 cases required during the past 2 years]	
	Electroconvulsive therapy [CRITERIA - Initial - Documentation of at least 10 treatments to at least three patients during the previous 12 months -OR- Completion of training in the previous 12 months; Must have provided ECT treatment that includes: • Evaluation of the patient for treatment need and suitability; • Immediate post-treatment follow-up • Evaluation at completion of the patient's treatment course. Renewal - Minimum 20 cases required during the past 2 years]	
	Lumbar puncture [CRITERIA - Initial - ACGME or OGME accredited residency training program or accredited fellowship program that included training in lumbar puncture- letter from program director required -OR- Completed hands-on training under supervision of a qualified physician preceptor- letter from preceptor required. Documentation of successful performance of at least 5 relevant cases in the previous 12 months. Renewal - Minimum 10 cases required during the past 2 years]	
	Sleep Studies - No Age Limit. Privileges to admit, evaluate, diagnose, consult, perform history & physical, and provide treatment to patients presenting with sleep disorders. [CRITERIA - Meeting Core Privilege criteria for psychiatry/psychology training or equivalency is not required. Initial - Board certification or active participation in the examination process leading to sleep medicine certification by the American Board of Sleep Medicine or authorized Board of the American Board of Medical Specialties. Qualifications reviewed by Medical Director of Sleep Medicine. Renewal - Minimum 200 cases required during the past 2 years]	

[applicant]

	Rhinolaryngopharyngoscopy [CRITERIA - Initial - ACGME or OGME accredited residency training program or accredited fellowship program that included training in lumbar puncture- letter from program director required -OR- Completed hands-on training under supervision of a qualified physician preceptor- letter from preceptor required. Documentation of successful performance of at least 5 relevant cases in the previous 12 months. Renewal - Minimum 10 cases required during the past 2 years]	
	Transcranial Magnetic Stimulation (TMS) [CRITERIA - Initial - A. Medical staff to complete a minimum of 10 supervised TMS treatments by the Medical Director and/or other qualified psychiatry personnel with this privilege (parenthetically Medical Director, Psychiatric Interventional Therapies or designee). B. Medical staff to successfully complete TMS competency exam and review with the Medical Director, Psychiatric Interventional Therapies. C. The TMS/ECT Committee will review, discuss and approve potential candidate for credentialing. D. The implementation process: It is the responsibility of the Medical Director, Psychiatric Interventional Therapies to notify the appropriate parties of success accreditation completion. Renewal - Minimum 5 cases required during the past 2 years]	
	Therapist Guided Exposure Treatment for Penetration Disorders (GET-PEN) [CRITERIA - Initial - Evidence of graduate or post-graduate school training course in human sexuality. and Successful completion of a minimum of two supervised and observed GET-PEN treatment cases by SHC faculty member credentialed for this privilege. Renewal - Minimum 5 cases required during the past 2 years]	
	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]	

FPPE

- Addiction Medicine (Chart review)
- Hypnotherapy (Chart review)
- Biofeedback (Chart review)
- Electroconvulsive therapy (Chart review)
- Lumbar puncture (Chart review)
- Sleep Studies (Chart review)
- Rhinolaryngopharyngoscopy (Chart review)
- Neuropsychological testing (Chart Review)
- Neuropsychological testing (Direct Observation)
- Transcranial Magnetic Stimulation (TMS) (Direct Observation)
- Therapist Guided Exposure Treatment for Penetration Disorders (GET-PEN) (Chart Review)
- Administration of Sedation (Chart Review)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

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

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

_____ Date