

**DETROIT MEDICAL CENTER
CLINICAL PRIVILEGES IN PSYCHOLOGY**

Name: _____

Page 1 of 4

PSYCHOLOGY:

Qualifications for appointment for Core Privileges require the following:

- 1) Doctorate (Ph.D., Psy.D. or Ed.D.) in clinical psychology or a closely allied area of psychology.
- 2) Successful completion of an internship or clinical postdoctoral fellowship.
- 3) Full license to practice psychology in the State of Michigan.

LIMITED LICENSE PSYCHOLOGIST (DOCTORAL LEVEL):

Qualifications for appointment for Core Privileges require the following:

- 1) Doctorate (Ph.D., Psy.D. or Ed.D.) in clinical psychology or a closely allied area of psychology.
- 2) Limited license to practice psychology in the State of MI
- 3) Supervising psychologist who is fully licensed in the State of MI and who holds clinical privileges in the Detroit Medical Center (supervising practitioner must hold the clinical privileges which are being requested and which will be supervised).

LIMITED LICENSE PSYCHOLOGIST (MASTER LEVEL):

Qualifications for appointment for Core Privileges require the following:

- 1) Master (MA or MS.) in clinical psychology or a closely allied area of psychology.
- 2) Limited license to practice psychology in the State of MI
- 3) Supervising psychologist who is fully licensed in the State of MI and who holds clinical privileges in the Detroit Medical Center (supervising practitioner must hold the clinical privileges which are being requested and which will be supervised).

Initial privileges for each of the special procedures or techniques and modalities require verified adequate education, training and/or experience in that procedure, modality or technique. This includes evidence of satisfactory completion of training in the procedure under the supervision of a person or persons qualified in the procedures and evidence of significant attendance at courses, classes, workshop or continuing education in the special procedure and/or relevant publications in journals or books of good standing during the past five years.

Core privileges in Child and Adolescent Psychology require evidence of satisfactory training in a child-oriented doctoral program or successful completion of an internship including training with adolescents and children.

Privileges may be requested only for those areas for which an applicant is qualified by virtue of education, training or experience. Privileges may be requested with Adults and/or with Children and Adolescents by placing a check mark in the appropriate column for each privilege requested. Approval may be provided for adults and/or for children and adolescents.

Reappointment Requirements: Allied Health members must make a significant contribution at the DMC in clinical care, teaching or supervision of trainees, clinical consultations or clinical research during the last twenty four months. This contribution must be documented by the applicant for reappointment and accompanied by at least one evaluation from the Chief of Service at the applicant's primary DMC hospital. In addition, attendance at WSU Department of Psychiatry Chairman's Grand Rounds, Child Psychiatry Grand Rounds, or Sinai – Grace Psychiatry Grand Rounds is expected as evidence of departmental enrollment.

DETROIT MEDICAL CENTER

CLINICAL AREA: PSYCHOLOGY

Page 2 of 4

Name:

Applicant: Place a check mark in the (R) column for each privilege requested.

**(Ra)=Requested Adult (Rc) =Requested Children/Adolescent (Aa) =Recommended Adult
(Ac) =Recommended Children/Adolescent (N) =Not Recommended**

Note: If recommendations for requested clinical privileges include a condition or modification or if requested privileges are not recommended, the specific condition and reason for the same must be stated below.

(Ra)	(Rc)	(Aa)	(Ac)	(N)	PSYCHOLOGY CORE PRIVILEGES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation and individual treatment of patients 15 years of age and older using procedures and modalities within one's area of competence. Core privileges also include providing consultations with other mental health and health professionals regarding behavioral disorders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children and Adolescents: Evaluation and individual treatment of patients under the age of 15 using procedures and modalities within one's area of competence. Core privileges also include providing consultations with other mental health and health professionals regarding behavioral disorders.

(Ra)	(Rc)	(Aa)	(Ac)	(N)	SPECIAL PRIVILEGES/PROCEDURES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavior Modification (conditioning) <i>Completion of one year of approved verifiable graduate training in the modality and/or is supervised by a privileged supervisor.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy <i>Completion of one year of approved verifiable graduate training in the modality and/or is supervised by a privileged supervisor.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family/Couples Therapy <i>Completion of substantial approved verifiable graduate training in the modality and/or is supervised by a privileged supervisor.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sex Therapy <i>Completion of approved verifiable supervised training or experience at graduate or post-graduate level in Sex Therapy and/or is supervised by a privileged supervisor.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Therapy <i>Completion of approved verifiable supervised training or experience at graduate or post-graduate level in Child Therapy and/or is supervised by a privileged supervisor.</i>

DETROIT MEDICAL CENTER

CLINICAL AREA: PSYCHOLOGY

Page 3 of 4

Name:

(Ra) (Rc) (Aa) (Ac) (N) SPECIAL PRIVILEGES/PROCEDURES - continued

Hypnotherapy

Evidence of satisfactory completion of training in an accredited institution such as a psychiatric residency training program, a university, or one sponsored by an appropriate organization such as the American Psychiatric Association or the American Psychological Association;

OR

Evidence of satisfactory completion of training in a practice of hypnosis under the supervision of a person qualified for hypnosis; and evidence of continuing education and supervision in hypnosis by attending courses and/or publishing articles in journals or books of good standing during the past five (5) years.

Neuropsychological Assessment

Completion of approved verifiable supervised training or experience at graduate or post-graduate level in Neuropsychological Assessment.

Therapy with Substance Abusing Patients

Completion of approved verifiable supervised training or experience at graduate or post-graduate level in Substance Abuse.

Biofeedback/Applied Psychophysiology

Completion of one year of approved verifiable graduate training in the modality and/or is supervised by a privileged supervisor.

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant

Date

Sponsoring Practitioner (for LLP)

Signature

Date

DETROIT MEDICAL CENTER

CLINICAL AREA: PSYCHOLOGY

Page 4 of 4

Name:

Pediatric Chief Recommendation, if applicable.

- Recommend as Requested Do Not Recommend
 Recommend with Conditions/Modifications as listed.

Pediatric Chief, Signature

Date

MSOC, Children's Hospital of Michigan Recommendation, if applicable.

- Recommend as Requested Do Not Recommend
 Recommend with Conditions/Modifications as listed.

MSOC Chairman, Signature

Date

Specialist-in-Chief Recommendation

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as Requested Do Not Recommend
 Recommend with Conditions/modifications as listed.

Specialist-in-Chief, Signature

Date

Joint Conference Committee Approval: _____

**DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL
NEUROSCIENCES**

Name _____

**DOCUMENTATION FOR REAPPOINTMENT TO THE DMC
ALLIED HEALTH STAFF**

Please indicate your service to the **DMC** during your last **24-month** reappointment period

Consultation

DMC Hospitals or DMC Outpatient Clinics: _____

Total number of patients _____

Teaching or Supervision

Outpatient Care at DMC clinics or for DMC Care or DMC HAP patients

Location(s) _____

Total number of outpatient visits _____

Clinical Research

UTILIZATION OF DMC INPATIENT FACILITIES:

DMC Hospital

DMC Attending Physician
