

UNIVERSITY HOSPITALS AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

PSYCHOLOGIST CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

- ☐ Initial Appointment
☐ Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 05/07/2014

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital 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: 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

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CLINICAL PSYCHOLOGIST

To be eligible to apply for core privileges as a psychologist, the initial applicant must meet the following criteria:

License to practice in psychology granted by the Mississippi Board of Psychology

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for a sufficient volume of inpatients and/or outpatients during the past 24 months or demonstrate successful completion of an internship within the past 24 months.

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Reappointment Requirements: To be eligible to renew core privileges as a psychologist, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience in inpatients and/or outpatients, 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. In addition, continuing education related to psychology is required.

CORE PRIVILEGES

PSYCHOLOGIST CORE PRIVILEGES

- ☐ **Requested** Practice of psychology is the observation, description, evaluation, interpretation, prediction and modification of human behavior through the application of psychological principles, methods and procedures, for the purposes of: (1) Preventing, eliminating, evaluating, assessing, or predicting symptomatic, maladaptive, or undesirable behavior; (2) Evaluating, assessing and/or facilitating the enhancement of individual, group and/or organizational effectiveness including personal effectiveness, adaptive behavior, interpersonal relationships, work and life adjustment, health, and individual, group and/or organizational performance; or (3) Assisting in legal decision-making.

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CORE PROCEDURE LIST

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date. Psychologists will take appropriate steps to assure that he/she is sufficiently trained in any specific assessment/treatment procedure or will seek supervision/training to do so.

- Psychological testing and the evaluation or assessment of personal characteristics, such as intelligence; personality; cognitive, behavioral, physical and/or emotional abilities; skills; interests; aptitudes; and neuropsychological functioning;
- Counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy;
- Diagnosis, treatment, and management of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability
- Psychoeducational evaluation, therapy and remediation;
- Consultation with physicians, other health care professionals and patients regarding all available treatment options, as well as consultation with attorneys, judges, business, and industry;
- Provision of direct services to individuals and/or groups for the purpose of enhancing individual and thereby organizational effectiveness, using principles, methods and/or procedures to assess and evaluate individuals on personal characteristics for individual development and/or behavior change or for making decisions about the individual, such as selection;
- And the supervision of any of the above.

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ACKNOWLEDGEMENT 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 University Hospital and Health System, University of Mississippi Medical Center, and I understand that:

- a. 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.
- 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** _____

RECOMMENDATION OF DIVISION CHIEF (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature (As Applicable) _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Department Chair Signature _____ **Date** _____

Reviewed: 05/07/2014

Revised: 05/07/2014