

Scotland Health Care System
Psychiatry

Delineation of Privileges (See Note One (1) on Last Page)

Instructions: Place a check mark (✓) corresponding to the privileges requested.

I. Evaluation and Treatment

	Requested
Psychiatric Evaluation	
Psychiatric Treatment Planning	

II. Psychiatric Treatments

	Requested
Psychopharmacotherapy	
Other Somatic Therapies (See Note two (2) on Last Page)	
Electroconvulsive Therapy	
Diagnostic Amytal Interview	
Hypnotherapy	
Behavior Therapy	
Biofeedback	

III. Psychotherapies

	Requested
Individual Adult Psychotherapy	
Group Psychotherapy	
Family Therapy	

IV. Other Patient Populations/Clinical Settings

	Requested
Amethyst Unit - Detoxification and Drug Rehabilitation	
Amethyst - Inpatient Unit	
Amethyst - Intensive Outpatient Program	

	Requested
Children and Adolescents (Under Age 18)	
Geriatric (Over Age 65)	
Inpatient Consultation/Liaison Services	
Emergency Psychiatric Services	
Long Term Care Services (The Edwin Morgan Center)	

V. Other (Please be specific; determinations to be made on a case-by-case basis only)

	Requested

1. Completion of the general adult psychiatry residency requirements as set out by the American Board of Psychiatry and Neurology, Inc., and its board certification or eligibility will be considered as requisite for all privileges as requested herein, except as set out in item two (2) below.
2. Other Somatic Therapies - evidence of specific expertise in each of the modalities requested is required to be demonstrated by the physician; or his or her agreement to observe five such procedures by a certified physician, with his or her first five subsequent procedures to be supervised by a certified physician in that modality, within one (1) year of request of that privilege.

Applicant's Signature

Date