



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

Print Name _____

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES FORM
ADVANCED PRACTICE PROVIDER
INDEPENDENT PROVIDER
PSYCHOLOGY**

Initial appointment Reappointment Updated DOP

NOTE: "CORE" privileges cannot be amended or altered in any way.

*SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)

Advanced Practice Provider must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PSYCHOLOGY CORE CLINICAL PRIVILEGES
									APP-PHD-1	Diagnose and provide treatment and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess, stabilize, and determine the disposition of patients with emergent conditions.

NOTE: Psychology Core Clinical Privileges include individual psychotherapy and counseling with adults, group psychotherapy with adults, family and marital therapy and child and adolescent therapy. The Psychologist may perform services on patients admitted to the Hospital by physician members of the Medical Staff after having been requested to do so by the admitting physician or the physician responsible for the patient's care. The psychologist shall have no independent admitting privileges. Charting privileges extend only to recording the process and results of psychological evaluations and psychotherapy, and the psychologist may not write orders for patient treatment. The Psychologist shall be governed and adhere to (i) the practices and policies of each Atrium Health facility, and (ii) to the Bylaws, Rules, and Regulations of the Medical Staff.

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	SPECIAL PROCEDURES RELATED TO PSYCHOLOGY				
										APP-PHD-1	ASSESSMENTS	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										APP-PHD-1(a)*	Personality and Diagnostic Testing	10		
										APP-PHD-1(b)*	Intelligence, Cognitive, and Achievement Testing	10		
										APP-PHD-1(c)*	Neuropsychological Testing	10		
										APP-PHD-1(d)*	Vocational and Interest Testing	10		

Print Name _____

										OTHER SPECIAL PROCEDURES				
						N/A	N/A	N/A	N/A	APP-PHD-1(e)*	Inpatient Mental Health – requires a minimum of 500 hours of experience in specified setting.			
						N/A	N/A	N/A	N/A	APP-PHD-1(f)*	Medical Psychology - requires a minimum of 500 hours of experience in specified setting.			
												Minimum Number Required	Number Performed Within The Past 2 Year	Location
						N/A	N/A	N/A	N/A	APP-PHD-1(g)*	Hypnosis	10		
						N/A	N/A	N/A	N/A	APP-PHD-1(h)*	Biofeedback	10		

*** REQUIRED PREVIOUS EXPERIENCE:**

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Practitioner must submit a representative sample of a minimum of ten (10) cases, to include at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PRIVILEGES REQUESTED BY:

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signature of Applicant

Date

Printed or typed name of Applicant

Print Name _____

CASE LOG

Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. APP-PHD-1(a))
1				
2				
3				
4				
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16				
17				
18				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
			TOTAL	

REFERENCE ONLY