Privileges in Psychology

Applicant's 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**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
Initial Core Criteria Education/Training	Successful completion of an APA accredited doctoral program in clinical, counseling, or school psychology or foreign equivalent training
	AND
	Successful completion of an APA accredited pre-doctoral internship
	AND
	Evidence of specific training in Child Psychology (i.e., postdoctoral fellowship in child or pediatric psychology, supervised post-graduate work in child psychology)
FPPE Chart Reviews	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	Request all privileges listed below. *Uncheck any privileges that you do not want to request.*	Dept Chair Rec
	Privileges to admit, evaluate, diagnose, consult, and provide treatment to patients presenting with cognitive, behavioral, or emotional concerns or disorders associated with psychiatric and medical illnesses, developmental delays and genetic disorders.	
	Privileges include the evaluation and treatment of children and adolescents under 18 and those over 18 who are still being followed for ongoing care at LPCH, have developmental delays, or are obstetric patients.	
	Meetings to obtain information necessary for diagnosis of the child with family members, teacher or community-based workers	
	Interpretation of diagnostics and treatment findings	
	Developmental, psychological, cognitive, or other formal and informal assessments	
	Individual, family, parenting, group therapy	
	Administration of psychological/neuropsychological tests	

Qualifications

Renewal Criteria   Minimum 20 Core cases required during the past 2 years

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Core - (Chart review)
Core - (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	Request all privileges listed below. *Uncheck any privileges that you do not want to request.*	Dept Chair Rec
	Hypnosis [Initial Criteria - Certification granted by the American Society of Clinical Hypnosis(ASCH). If the applicant does not meet the criterion of independent practice utilizing clinical hypnosis, privileges for Clinical Hypnosis may be granted with the stipulation that FIVE cases of hypnosis be supervised by an LPCH clinician who already has privileges for Clinical Hypnosis. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Board Certified Behavioral Analyst [Initial Criteria - Valid CA psychology license -AND- BCBA or BCBA-D certificate granted by Behavior Analyst Certification Board (BACB). Renewal Criteria - Minimum 10 cases required in the past two years.]	

FPPE

Hypnosis - (Chart review)
Hypnosis - (Direct Observation)
Board Cerified Behavioral Analyst - (Chart review)

Board Cerified Behavioral Analyst - (Direct Observation)

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 Children's Health.   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   Date
privilege request

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 - FPPE Requirements

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