

Privileges in Developmental and Behavioral Services

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	
Education/Training	<p>Successful completion of an ACGME or AOA accredited Residency in Pediatrics, Family Medicine or foreign equivalent training or training outside the US that is deemed sufficient by the Service Chief to be equivalent</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process leading to certification in one of the following subspecialties: Developmental-Behavioral Pediatrics by the American Board of Pediatrics; Neurodevelopmental Disabilities by the American Board of Psychiatry and Neurology (ABPN) or foreign equivalent.</p>
FPPE Chart Reviews	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

Core Privileges

Qualifications

Renewal Criteria Minimum 50 cases required during the past 2 years

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Admit, evaluate, diagnose, consult, manage and provide treatment to patients presenting with cognitive, language, motor, behavioral, or emotional concerns, delays, or disorders. These conditions may be associated with additional psychiatric conditions, medical illnesses, genetic disorders, or neurological conditions. In addition to a thorough physical, neurological, and neurobehavioral examination, the evaluation may include the use of laboratory and genetic testing, as well as the administration of standardized psychological, psycho-educational, or neuropsychological assessments. The evaluation may also include gathering additional information from immediate and/or extended family members; teachers and/or other school- or preschool-based staff; or community-based workers, such as social workers or public health nurses, to obtain information necessary for diagnosis of the child,	
	Treatment may include individual, family, parenting, and group therapy	
	Prescribe psychopharmacological therapy for neurobehavioral and neurodevelopmental disorders and monitor progress of children on therapy	

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Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Clinical Hypnosis: [Initial Criteria - Minimum of 20 hours of approved training (e.g. American Society of Clinical Hypnosis; or as component of Fellowship or Residency education curriculum); - OR - • Minimum of 20 hours of individualized training/consultation with a licensed psychiatrist or psychologist); - OR - • Minimum of one year of independent practice utilizing clinical hypnosis. - AND - • If the applicant only meets 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.]	

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Clinical Hypnosis

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
privilege request

Date

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 electronically signed, dated and approved this privilege request

Date