Delineation Of Privileges
Clinical Psychology Privileges

Provider Name:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Requested</th>
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<th>Approved</th>
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CORE PRIVILEGES - Clinical Psychology

**Qualifications for New Applicants:**
- a) Completion of a doctorate degree in Psychology from a regionally accredited institution; AND
- b) Pre and post doctorate internship comprising of a total of 3,000 supervised hours of clinical supervision; AND
- c) Two years of inpatient psychological treatment experience; AND,
- d) Licensure by the California Board of Psychology; OR Current National Register Membership.

**Qualifications for Current Staff Members only:** Successful completion of an approved training program; OR demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years.

**Proctoring Requirements:** A minimum of four cases, in accordance with the Psychiatry Section Rules & Regulations.

Clinical Psychology Core Privileges

- Adult psychological practice; evaluation and consultation
- Psychological assessment and testing
- Individual psychotherapy

SUPPLEMENTAL - Advanced Clinical Psychology

**Qualifications:** Applicants must meet the criteria outlined for Clinical Psychology Core privileges; AND requires documentation of special training, as follows:

**CHILD/ADOLESCENT PRIVILEGES:** Requires evidence of one year of field placement (at a minimum of 20 hours per week for eight months with 1-1/2 hour individual clinical supervision) in agency/facility primarily serving children/adolescents or 600 hours work experience primarily with adolescents or specialized certification and/or training program in adolescent psychotherapy (to be evaluated by the Credentials Committee).

**Proctoring Requirements:** In accordance with the Psychiatry Section Rules & Regulations

- Adolescent psychological practice (age 14 and above)
- Child Psychological practice (age 13 and under)
- Geriatric psychological practice
- Family/couple psychotherapy
- Group psychotherapy
- Neuropsychology assessment
### Clinical Psychology Privileges

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<td>Vocational testing</td>
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<td>Co-admitting privileges</td>
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### SUPPLEMENTAL - Special Clinical Psychology Privileges

**Qualifications:** Applicants must meet the criteria outlined for Clinical Psychology Core Privileges; AND requires documentation of special training as defined below.

**Proctoring Requirements:** In accordance with the Psychiatry Section Rules & Regulations.

**Neuropsychology treatment**

**Criteria:** Documentation of a minimum of three years of clinical neuropsychology experience. (Note: Two years is acceptable if one year has been supervised in the form of a formal post-doctoral program approved by division 40, APA Training Standards of supervised by another neuropsychologist, from a APA approved program in Clinical Psychology; or holds a diplomate for ABPP in clinical neuropsychology); AND three neuropsychological consultations (work samples) must be submitted for review.

**Biofeedback Therapy**

**Criteria:** Documented training in core curriculum in Biofeedback; AND, Documentation of treating two (2) cases in the past year.

**Proctoring Requirement:** One successfully supervised case. Supervisor must have full privileges.

**Hypnotherapy**

**Criteria:** Documentation of forty hours of approved hypnosis education, of which no less than ten hours must be in a clinical setting. The applicant shall submit proof of hypnosis education hours by means of a certificate, transcript or similar document.

**Educational Testing**

**Criteria:** Documentation of two years of educational testing experience. The applicant must demonstrate proof of experience through submission of letter of attestation and three work samples.

**Evaluation for 5150 Status**

**Criteria:** Applicants for this privilege must successfully completed the following:

- a) Mental Status Exam
- b) Patients Rights in an Emergency Class
- c) Legal Aspects Class
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d) Written test including practice holds

e) Successful completion of the LPS/Patient Rights Examination (passing score of 80% or higher)

f) LPS Designation from the Department of Mental Health (DMH) and designation must be for the Della Martin Center.

ACKNOWLEDGEMENT OF THE ALLIED HEALTH PROFESSIONAL:

I have requested only those privileges for which I am qualified to perform, based upon my education, training, current experience and demonstrated performance. I understand that in exercising my practice privileges granted, I am constrained by hospital and medical staff policies and rules, including those outlined in the Allied Health Professional Rules and Regulations.

Signature of AHP: ____________________________________ Date: _______________

APPROVALS:

Section/Department Chair: _________________________________ Date: ____________

Credential Committee Date: __________

Medical Executive Committee Date: __________

Board of Directors Approved on: __________