

**Loma Linda University Behavioral Medicine Center  
Psychiatry Department  
Psychiatry Privilege Request Form**

**Membership Category:**  Provisional  Active  Consulting  Courtesy

NAME: \_\_\_\_\_

CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results for patients of all age groups, except as specifically excluded from practice. Successful completion of an ACGME accredited residency program in Psychiatry and board certified or eligible for certification examination by the American Board of Psychiatry and Neurology.
Coverage privileges only	Successful completion of residency in Psychiatry.
Child Psychiatry (3-13 yrs.)	Successful completion of two (2) years of specialized training in child psychiatry or in an accredited child psychiatric program; <b>or</b>  Documentation of two (2) years work experience specific to the care and treatment of children.
Adolescent Psychiatry (14-17 yrs.)	Documentation of one (1) year work experience specifically related to the care and treatment of adolescents/adults.
Privileges Requiring Specialized Training and/or Experience are followed by an asterisk *	Professional experience documented through CME activities (supply specific documentation); <b>and/or</b>  Successful completion of an approved, recognized course when such exists, or acceptable supervised training and demonstration of indications for the procedure/test/therapy.  <u>Biofeedback</u>  Current certification from the Biofeedback Certification Institute of America or current proctoring by BCIA certified therapist (this status can be used for a maximum of 2 years)
Chemical Dependency/ Addiction Medicine	Professional experience and/or affiliation with another Chemical Dependency Unit (supply specific documentation), and/or  Successful completion of a fellowship in the field of addiction in an accredited program or demonstrated competency by successful completion of certification examination given by the Society on Alcohol and Other Drug Dependency or the American medical Society of Alcohol and Other Drug dependency or American Society of Addiction Medicine.  (Moved from Primary Care Privilege Form 11-14-11)

Applicant Name: \_\_\_\_\_

CATEGORY	ECT QUALIFICATIONS
ECT Privileges	<p>A. Qualifications</p> <ol style="list-style-type: none"> <li>1. Evidence of specific training in ECT during the preceding 3 years.</li> <li>2. Evidence of advanced training in ECT is documented. (For example, Certificate from The Association for Convulsive Therapy, Mini-Fellowship in ECT, or equivalent.)</li> <li>3. Regular rotation during residency is encouraged but not sufficient to meet this requirement</li> </ol> <p>B. Initial Privileging Includes:</p> <ol style="list-style-type: none"> <li>1. Demonstrated proficiency in ECT.               <ol style="list-style-type: none"> <li>a. The first 25 ECT case must be satisfactorily performed at LLUBMC under direct supervision of staff physician with ECT privileges.                   <ol style="list-style-type: none"> <li>1) Checklist to include evaluation of patients, proper medical preparation, choice of medications for ECT, proper ECT technique, knowledge of recovery process, charting, knowledge of management of emergency situations, etc.</li> <li>2) Should include performing Bilateral, Right Unilateral and Bifrontal ECT.</li> <li>3) 25 ECT should include 4 first-time Index ECT.</li> <li>4) At least one ECT series should be completed, including the initial consultation, all ECTs in the Index series, and Discharge Summary.</li> <li>5) Continuation ECT and Maintenance ECT will be performed. Knowledge of the indications for these modalities is necessary including indications for each, proper intervals for scheduling each.</li> </ol> </li> <li>b. Review of at least 2 ECT evaluations (2<sup>nd</sup> Opinion Consultation) is satisfactory. (One of these will be included in section iv above.)</li> <li>c. Review record of ECT performed within the last 5 years at other facilities.</li> <li>d. At least 2 satisfactory ECT summaries</li> </ol> </li> <li>2. Post-Proctoring               <ol style="list-style-type: none"> <li>a. Following initial granting of privileges, the first 15 ECT cases will be proctored via retrospective_chart review by a staff physician with ECT privileges.</li> </ol> </li> </ol> <p>C. Re-credentialing</p> <ol style="list-style-type: none"> <li>1. Demonstrated proficiency in ECT               <ol style="list-style-type: none"> <li>a. Performance of at least 10 ECT annually since last credentialing</li> </ol> </li> <li>2. Evidence of CME activity in ECT at least every 2 years. (For example, ACT course, other equivalents.)</li> <li>3. Staff who become inactive must go through the initial supervised ECT treatments for reinstatement of privileges.</li> </ol> <p>D. Applicants with deficiencies in the above can be directed to complete appropriate activities and reapply.</p>

Applicant Name: \_\_\_\_\_

REQUESTED	PRIVILEGE	ACTION		
		Approved	Conditions	Comment
	Admitting privileges			
	Consulting privileges only			
	Perform History and Physical			
	Management of Eating Disorders, in-patients and out-patients. No age restrictions.			
	Prescribing controlled substances according to DEA			
	Supervision of Students and Residents			
	Supervision of Allied Health Professionals in the following circumstances: AHP is granted practice privileges by the Medical Staff. AHP operates under standardized procedures. AHP operates under other circumstances as recommended by the Medical Staff.			
	<b>ADDICTION MEDICINE/CHEMICAL DEPEDENCY</b>			
	Evaluation for chemical dependency			
	Detoxification for chemical dependency			
	Treatment and management for chemical dependency			
	<b>*ELECTROCONVULSIVE THERAPY (ECT)-</b> Diagnose, and perform ECT on patients 14 years and older.			
	<b>COVERAGE PRIVILEGES ONLY</b> (Includes All Age Groups)			
	Management of <u>In-patients</u> ages 3 to 13, including Psychiatric assessment and physical examination.			
	Management of <u>Out-patients</u> ages of 3 to 13, including Psychiatric assessment and physical examination.			
	Therapy, which includes Individual, Family, Group, Psychopharmacological, and Chemical Dependency.			
	Biofeedback*			
	Management of <u>In-patients</u> ages 14 to 17, including Psychiatric assessment and physical examination.			
	Management of <u>Out-patients</u> ages 14 to 17, including Psychiatric assessment and physical examination.			
	Therapy, which includes Individual, Family, Group, Psychopharmacological, and Chemical Dependency.			
	Biofeedback*			
	Management of <u>In-patients</u> ages 18 and older, including Psychiatric assessment and physical examination.			
	Management of <u>Out-patients</u> ages 18 and older, including Psychiatric assessment and physical examination.			
	Therapy, which includes Individual, Family, Group, Psychopharmacological, and Chemical Dependency.			

Applicant Name: \_\_\_\_\_

**Acknowledgment of Practitioner**

I have requested only those specific privileges which by education, training, current experience and demonstrated performance I am qualified to perform, and for which I wish to exercise at Loma Linda University Behavioral Medicine Center, Inc. I also understand the following:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Governing Body with the following conditions/modifications:

Code	Privilege	Condition/Modification	Explanation/Comment

RECOMMENDED:

\_\_\_\_\_  
Chief of Service-Psychiatry

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Staff Executive Committee

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
Governing Body Officer

\_\_\_\_\_  
Date