

EVALUATION OF CLINICAL PRIVILEGES - CLINICAL PSYCHOLOGY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	Psychological Assessment and Diagnosis			
	a. Child			
	b. Adult			
	c. Forensic			
	d. Neuropsychological			
	e. Substance abuse			
	Outpatient Therapy Services			
	a. Individual			
	b. Group			
	c. Marital			
	d. Family			
	e. Child			
	f. Adolescent			
	g. Geriatric			
	h. Crisis intervention			
	i. Sexual dysfunction			
	j. Substance abuse			
	k. Sexual offender <i>(pedophilia, incest, sexual assault)</i>			
	Health Psychology Services			
	a. Clinical hypnosis			
	b. Biofeedback			
	c. Psychological interventions in medical setting			
	Inpatient Psychological Services			
	a. Inpatient admission			
	b. Inpatient treatment and consultation			

CODE	Inpatient Psychological Services <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	c. Inpatient discharge consultation			
	d. Assists in inpatient management of mental disorders			
	e. Alcohol/drug residential treatment			
	Consultation			
	a. Command			
	b. Command-directed referral/evaluation			
	c. Community organizations			
	d. Medical/surgical			
	e. School			
	Other Specified Services			
	a. Disaster relief			
	b. Personnel assessment and selection			
	c. SERE psychology-qualified*			
	d. Aeromedical psychology			
	e. Combat stress control			
	f. Behavioral research			

*NOTE: SERE psychology qualification requires additional credentialing requirements by the DoD/Joint Personnel Recovery Agency

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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