

DELINEATION 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. FACILITY
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INSTRUCTIONS:
PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.
SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Category I.
 Practitioner has completed pre-doctoral internship, but has not yet completed degree requirements for Ph.D. or Psy.D. in clinical or counseling psychology. Graduate program and internship must meet requirements of *DA Pam 611-21*. Assists in performance of psychological and other services and works under the supervision of a licensed psychologist.

Requested	Approved	
<input type="checkbox"/>	<input type="checkbox"/>	Category I clinical privileges

Category II. Includes Category I.
 Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology, but is not yet licensed. Graduate program and internship must meet requirements of *DA Pam 611-21*. Provides full range of psychological services as qualified to deliver by virtue of training. Participates in team delivery of services, research and teaching. Receives licensure-qualifying supervision from licensed psychologist.

Requested	Approved	
<input type="checkbox"/>	<input type="checkbox"/>	Category II clinical privileges

Category III. Includes Categories I and II.
 Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology and is licensed. Graduate program and internship must meet requirements of *DA Pam 611-21*. Recognized as possessing high level of skill in psychological assessment, intervention, and administration of services. Delivers psychological services to individuals and treatment teams. May be appointed supervising psychologist for Category I and II.

Requested	Approved	
<input type="checkbox"/>	<input type="checkbox"/>	Category III clinical privileges

Category IV. Includes Categories I, II and III.
 Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology and is licensed and ABPP board certified. Graduate program and internship must meet requirements of *DA Pam 611-21*. Recognized as possessing the highest level of skill in psychological assessment, intervention, and administration. May be appointed as supervising psychologist for Category I and II.

Requested	Approved	
<input type="checkbox"/>	<input type="checkbox"/>	Category IV clinical privileges

PRIVILEGES REQUESTED

Psychological Assessment and Diagnosis

Requested	Approved		Requested	Approved	
<input type="checkbox"/>	<input type="checkbox"/>	a. Child	<input type="checkbox"/>	<input type="checkbox"/>	d. Neuropsychological
<input type="checkbox"/>	<input type="checkbox"/>	b. Adult	<input type="checkbox"/>	<input type="checkbox"/>	e. Substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	c. Forensic	<input type="checkbox"/>	<input type="checkbox"/>	

Outpatient Therapy Services

Requested	Approved		Requested	Approved	
<input type="checkbox"/>	<input type="checkbox"/>	a. Individual	<input type="checkbox"/>	<input type="checkbox"/>	g. Geriatric
<input type="checkbox"/>	<input type="checkbox"/>	b. Group	<input type="checkbox"/>	<input type="checkbox"/>	h. Crisis intervention
<input type="checkbox"/>	<input type="checkbox"/>	c. Marital	<input type="checkbox"/>	<input type="checkbox"/>	i. Sexual dysfunction
<input type="checkbox"/>	<input type="checkbox"/>	d. Family	<input type="checkbox"/>	<input type="checkbox"/>	j. Substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	e. Child	<input type="checkbox"/>	<input type="checkbox"/>	k. Sexual offender (pedophilia, incest, sexual assault)
<input type="checkbox"/>	<input type="checkbox"/>	f. Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	

Health Psychology Services					
Requested	Approved		Requested	Approved	
		a. Clinical hypnosis			
		b. Biofeedback			
		c. Psychological interventions in medical setting			
Inpatient Psychological Services					
Requested	Approved		Requested	Approved	
		a. Clinical hypnosis			
		b. Biofeedback			
		c. Psychological interventions in medical setting			
		d. Assists in inpatient management of mental disorders			
Consultation					
Requested	Approved		Requested	Approved	
		a. Command			e. School
		b. Command directed referral/evaluation			
		c. Community organization			
		d. Medical/surgical			
Other Specified Services					
Requested	Approved		Requested	Approved	
		a. Disaster relief			e. Combat
		b. Personal assessment and selection			f. Behavioral research
		c. SERE psychological-qualified*			
		d. Aeromedical psychology			
*NOTE: SERE psychology qualification requires additional credentialing requirements by the DoD/Joint Personnel Recovery Agency					
COMMENTS					
		SIGNATURE			DATE (YYYYMMDD)
SECTION II - SUPERVISOR'S RECOMMENDATION					
Approval as requested <input type="checkbox"/>		Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/>		Disapproval <i>(Specify below)</i> <input type="checkbox"/>	
COMMENTS					
DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>			SIGNATURE		DATE (YYYYMMDD)
SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION					
Approval as requested <input type="checkbox"/>		Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/>		Disapproval <i>(Specify below)</i> <input type="checkbox"/>	
COMMENTS					
COMMITTEE CHAIRPERSON <i>(Name and rank)</i>			SIGNATURE		DATE (YYYYMMDD)