

EVALUATION OF CLINICAL PRIVILEGES - SOCIAL WORK

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	CLINICAL PRIVILEGES	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	SPECIFIC PRIVILEGES			
	a. Perform inpatient and outpatient Social Work psychosocial assessment			
	(1) Individual			
	(2) Group*			
	(3) Marital*			
	(4) Family*			
	(5) Child Abuse			
	(6) Child Neglect			
	(7) Spouse Abuse			
	(8) Elder Abuse			
	(9) Child Sexual Abuse			
	(10) Foster Care Assistance			
	(11) Respite Care Assistance			
	(12) Adoption Assistance			
	(13) Nursing Home Placement Assistance			
	(14) Sexual Assault			
	(15) Home Health Care Referrals			
	(16) Medical/Surgical			
	(17) Substance Abuse			
	b. Provide inpatient and outpatient DSM diagnosis			
	c. Perform command directed behavioral health evaluation			
	d. Provide inpatient and outpatient Social Work treatment			
	(1) Individual			
	(2) Group*			
	(3) Marital*			
	(4) Family*			
	(5) Child Therapy*			
	(6) Adolescent Therapy*			
	(7) Child Sexual Abuse			
	(8) Sexual Dysfunction			

* Requires documented training and supervised experience in the specialized area.

NOTE: Requirements for FAP personnel must be IAW DoD Directive 6400.1, FAP, 23 June 1992. ASAP requires specialized training, experience, and certification IAW DoD HA Policy Memo 9700029 and OSD Policy Memo, 26 Sep 2000 (ADAPCP Licensure Policy).

CODE	SPECIFIC PRIVILEGES <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	(9) Substance Abuse			
	(10) Sexual Offender (Pedophilia, Incest, Sexual Assault)			
	e. Perform inpatient and outpatient Social Work case management			
	(1) Family Advocacy			
	(2) Discharge Planning			
	(3) Outpatient SW			
	f. Other <i>(Specify)</i>			

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

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE <i>(YYYYMMDD)</i>
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