

EVALUATION OF CLINICAL PRIVILEGES - PSYCHOLOGICAL ASSOCIATE

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			
	Privileges - Psychological Testing			
	a. Conduct an intake interview of assigned patients to include the history of the presenting problem, a psychosocial assessment, as well as a mental status evaluation and any relevant behavioral observations.			
	b. Conduct screening evaluations, utilizing information from clinical interviews, non-psychometric tests, and collateral sources, as appropriate.			
	c. Recommend an assessment strategy sufficient to answer the diagnostic question presented.			
	d. Administer and score all psychological tests used in the assessment and present the data in a format to facilitate evaluation of the data.			
	e. Determine a provisional diagnosis according to the American Psychiatric Association (APA) Diagnostic and Statistical Manual.			
	f. Prepare, under the general supervision of a licensed psychologist, a report of evaluation that includes the presenting problem, all pertinent historical data, information from collateral sources, and psychological testing. Integrate all data so as to form conclusions and recommendations.			
	g. Provide feedback to patients as to the results of the psychological evaluation.			

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

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