

Loma Linda University Behavioral Medicine Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: LICENSED PSYCHOLOGISTS

Name: _____

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CATEGORY	QUALIFICATIONS
All	1. License as a Ph.D. or Psy.D. in the State of California (or the equivalent). 2. One (1) year postgraduate (Ph.D.) hospital experience (psychiatric inpatient).
Child Psychotherapy	One (1) year experience with children in psychiatric inpatient or outpatient setting; or Certification and/or training program in child psychotherapy.
Adolescent Psychotherapy	One (1) year experience with adolescents in psychiatric inpatient or outpatient setting; or Certification and/or training program in adolescent psychotherapy.
Adult Psychotherapy	One (1) year experience with adults in psychiatric inpatient or outpatient setting; or Certification and/or training program in adult psychotherapy.
Group Therapy	Concurrent experience and clinical supervision in the provision of psychotherapy to groups for a minimum of one (1) year.
Individual Therapy	Concurrent experience and clinical supervision in the provision of psychotherapy to individuals for a minimum of one (1) year.
Chemical Dependency Counseling	Alcohol Counseling Certification, (supply copy of certificate); or Thirty (30) CEU's in Substance Abuse Counseling; or One (1) year experience working in substance abuse in an inpatient/outpatient psychiatric setting.
Family/Marital Therapy	One (1) year experience working in family therapy in inpatient/outpatient setting.
Psychological Testing/Evaluation (includes educational evaluations)	At least one course in mental retardation, learning disabilities, or school psychology (for Child/Adolescent privileges); or One (1) year course work and one (1) year of documented supervised experience.
Neuropsychological Testing/Evaluation	Privileged at the hospital for Psychological Testing/Evaluation; and At least one (1) course in Neuropsychological theory and assessment; or Documentation of supervised experience in the administration, scoring, and interpretation of Neuropsychological tests.
Biofeedback	Documentation from the Biofeedback Society of America or the Biofeedback Society of California; or Concurrent proctoring by a BCIA certified therapist. (This status can be used for a maximum of two (2) years).

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REQUESTED		CODE	PRACTICE PRIVILEGES	ACTION		
YES	NO			Approved	Conditions	Denied
			Provide patient care services independently within the scope of my license and privileges, as ordered by the attending physician.			
			Psychotherapy			
			Child			
			Adolescent			
			Adult			
			Group Therapy			
			Child			
			Adolescent			
			Adult			
			Individual Therapy			
			Child			
			Adolescent			
			Adult			
			Chemical Dependency			
			Child			
			Adolescent			
			Adult			
			Family/Marital Therapy			
			Child			
			Adolescent			
			Adult			
			Psychological Testing (includes educational evaluations)			
			Child			
			Adolescent			
			Adult			
			Neuropsychological Testing			
			Child			
			Adolescent			
			Adult			
			Biofeedback			
			Child			
			Adolescent			
			Adult			

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Acknowledgment of Practitioner

I have requested only those specific privileges for 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; **and**

I understand that:

- (a) In exercising any practice 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 practice 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: _____

****** For Hospital and/or Clinic Use Only ******

Conditions/Modifications:

The requested practice privileges have been approved by the Board of Trustees with the following conditions, modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

 Discipline Director

 Date

 Supervising Physician

 Date

 Medical Director

 Credentials Committee

 Date

 Medical Staff Executive Committee

 Date

 Governing Board Officer

 Date

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