

Loma Linda University Medical Center
Loma Linda, CA 92354
PSYCHIATRY PRIVILEGE FORM

Name: _____

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who CANNOT: 1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST: 1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results for patients of all age groups, except as specifically excluded from practice; and
Adult and Adolescent Psychiatry	Successful completion of an adult psychiatry residency program in an accredited psychiatric program. Board certified or eligible by the American Board of Psychiatry and Neurology.
Child Psychiatry and All Special Procedures for Children	As state above; plus Successful completion of two (2) years of specialized training in child psychiatry in an accredited child psychiatric program, OR equivalent training in child psychiatry, OR Board certified or eligible by the American Board of Psychiatry and Neurology or demonstrated competence and current experience in the field deemed adequate for privileges by the Credentials Committee of the Medical Staff.
Addiction Treatment	Professional experience documented through CME activities and/or affiliation with another Chemical Dependency Unit (supply specific documentation), or Successful completion of a fellowship in the field of addiction in an accredited program or demonstrated competency by successful completion of certification examination given by the Society on Alcohol and Other Drug Dependency or the American Medical Society of Alcohol and Other Drug dependency or American Society of Addictive Medicine.
Observation Requirements	As specified in the Psychiatry Service rules and regulations and the Medical Staff Bylaws and Rules and Regulations..

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
GENERAL					
	PBM003 00	Admit Privileges			
		Supervision of Residents and Students			
		Supervise Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff APH operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Consults Only			
		Child Psychiatry (Under 13 years old)			
		Adolescent Psychiatry (14-17 year olds)			
		Adult Psychiatry (18 years and older)			
		Addiction Medicine			

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 Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical 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 clinical 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 _____

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**** *For Hospital Use Only* ****

Conditions/Modifications:

The requested clinical 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:

Recommended:

 Chief of Service

Date _____

 Chair, Credentials Committee

Date _____

 Chair, Medical Staff Executive Committee

Date _____

Approved:

 Board Officer

Date _____