Privileges for: Psychiatry

Request

ST. ELIZABETH - EDGEWOOD
ST. ELIZABETH - FLORENCE
ST. ELIZABETH - FT. THOMAS
ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, Rev. February 27, 2014

Board Approval: September 14, 2009, Rev. May 5, 2014

DEPARTMENT APPROVAL

_____Approved _____Disapproved

_____ _____
Department/Section Chair Signature **Date**

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in psychiatry

Note: For Practitoners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in psychiatry include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Admit patients, perform histories and physicals and evaluate, treat and consult on psychiatric disorders as defined in the current Diagnostic and Statistical Manual of Mental Disorders, including the ordering of laboratory tests and treatment of non-critical medical problems; psychopharmacotherapy; individual, group and family therapy. (Inpatient services are provided at the EDGEWOOD and FLORENCE campuses only)

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

_____ Electroconvulsive treatment with the assistance of hospital anesthesia staff (provided at the EDGEWOOD and FLORENCE campuses only)

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Applicants Signature: _____ **Date:** _____