

Click to Request	Privilege Description	Qualifications
Psychiatry Privileges		
	<p>Child and Adolescent Psychiatry Core: Admission, history and physical, evaluation, diagnosis, provision of treatment, psychotherapy, consultation, and discharge for patients presenting with psychiatric conditions or diseases</p>	<p>Requires successful completion of an ACGME or AOA accredited residency in Psychiatry and fellowship in Child and Adolescent Psychiatry</p>
Psychology Privileges		
	<p>Psychology Core: Evaluation, diagnosis, provision of treatment, counseling and consultation for patients presenting with psychologic conditions or diseases</p>	<p>Requires successful completion of a PhD or PsyD doctoral program and licensure as a Licensed Psychologist</p>
	Psychological Testing	
	Neuropsychological Testing	

By signing this delineation of privileges form, I attest I meet the qualifications for the privileges I requested. I agree to provide documentation to support my qualifications and current competence if asked to do so by Medical Staff Services.

Provider Authenticated Digital Signature
Or wet signature with printed name and date