

**SOUTHEAST LOUISIANA HOSPITAL  
MANDEVILLE, LOUISIANA**

**Medical Staff Request for Privileges – Psychiatry**  
Please Read the Privileges & Credentials Guidelines Before Completing This Form

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Type of Appointment (Check One):       Initial Appointment       Re-Appointment

Category of Medical Staff Membership (Check One):       Active Medical Staff       Courtesy Medical Staff

**GENERAL PSYCHIATRY: List of Specific Privileges  
(To Be Completed by Applicant)**

➤ **Psychiatric Care:** Crisis Intervention, Evaluation, Admission, Diagnosis, and Ongoing Treatment of Children, Adolescent and Adult Patients with Psychiatric Disorders. (Includes: Psychiatric Evaluations, Mental Status Examinations, Differential Diagnosis, Risk Assessments, Initial Treatment Plans, and Pharmacological Management of Psychiatric, Addictive, Medical and Neurological Disorders Commonly Encountered in Children, Adolescents and Adults Admitted to Psychiatric Hospitals.)

Requested       Not Requested

**Note: Treatment of patients under 12 years old requires the availability of a Board Eligible or Board Certified Child Psychiatrist for consultation.**

➤ **Medical Care:** Emergency Life-Saving Procedures, Evaluation, Diagnosis, and Ongoing Treatment of Patients with Medical and Neurological Disorders Commonly Encountered in Children, Adolescents and Adults. (Includes: History and Physical Examinations, Ordering and Interpreting Basic Laboratory Tests, Specialty Referrals and Consults for Complex or Treatment Resistant Cases.)

Requested       Not Requested

**The Following to be Completed by the Credentials Committee:**

Granted  
 Denied  
 Limited

If Denied/Limited, please provide explanation: \_\_\_\_\_

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Granted  
 Denied  
 Limited

If Denied/Limited, please provide explanation: \_\_\_\_\_

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**GENERAL PSYCHIATRY: List of Specific Privileges, Continued (To Be Completed by Applicant)**

➤ **Case Formulation and Management:** Treatment Planning, Leadership of Treatment Teams for Psychiatric Disorders and Common Medical Conditions.  Requested  Not Requested

➤ **Major Therapies:** Individual, Psychodynamic, Family, Group, Cognitive, Behavioral and Crisis Intervention.  Requested  Not Requested

➤ **Restrictive Management:** Evaluation of Children, Adolescents and Adults for the Appropriateness of Restrictive Techniques (seclusion/restraint) usage and orders.  Requested  Not Requested

➤ **Supervision:** Clinical Review and Supervision of House Staff and Medical Students.  Requested  Not Requested

➤ **Proctoring, Videoconferencing and Peer Review:** Participation in Peer Review of Other General Psychiatrists. **Proctoring and Specialist Supervision of Other Medical Staff is Reserved for Board Certified Practitioners Only, Unless Specifically Authorized by the Credentials Committee.** (In Special Instances, Individuals Whole Skill, Knowledge and Experience are Equivalent to Board Certification may be Granted These Privileges.)  Requested  Not Requested

**CHILD/ADOLESCENT PSYCHIATRY: List of Specific Privileges - In Addition to Medical Care, Restrictive Management & Supervision as Listed Under "General" (To Be Completed by Applicant)**

➤ **Psychiatric Care:** Privileges Include all of Those Specified Above for General Psychiatrists, as well as privileges to treat complex or treatment resistant child and adolescent cases.  Requested  Not Requested

**The Following to be Completed by the Credentials Committee:**

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

**The Following to be Completed by the Credentials Committee:**

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

**CHILD/ADOLESCENT PSYCHIATRY: List of Specific Privileges, Continued (To Be Completed by Applicant)**

➤ **Case Formulation and Management:** Privileges Include all of Those Specified Above for General Psychiatrists, and Grant Privileges for Case Formulation and Ongoing Management of More Complex Child and Adolescent Cases.  Requested  Not Requested

➤ **Major Therapies:** Individual, Psychodynamic, Family, Group, Cognitive, Behavioral and Crisis Intervention for Adolescents, Adults, and Children.  Requested  Not Requested

➤ **Proctoring and Peer Review:** Participation in Peer Review of Other General, Child and Adolescent Psychiatrists. **Proctoring and Specialist Supervision of Other Medical Staff is Reserved for Board Certified Practitioners Only, Unless Specifically Authorized by the Credentials Committee.** (In Special Instances, Individuals Whose Skill, Knowledge and Experience are Equivalent to Board Certification may be Granted These Privileges.)  Requested  Not Requested

**OTHER PSYCHIATRIC PRIVILEGES (Examples Include, but are not Limited to, Forensic Psychiatry, Geriatric Psychiatry, and Addictive Disorders)**

➤ **Other:** As Determined by Patient Care Need & Demonstration of Education, Training, Competency & Proficiency (e.g.: Individualized Behavioral Plans: Demonstration of Skill and Competency Through Review by Psychologist 4/5 with Appropriate Privileges)  Requested  Not Requested

**The Following to be Completed by the Credentials Committee:**

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

**The Following to be Completed by the Credentials Committee:**

Granted  
 Denied  
 Limited  
 If Denied/Limited, please provide explanation: \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY THE CREDENTIALS COMMITTEE CHAIR/CLINICAL DIRECTOR**

- Approve  
 Disapprove

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY CHIEF EXECUTIVE OFFICER GOVERNING BODY REPRESENTATIVE**

- Approve  Disapprove (Explanation Attached)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**SOUTHEAST LOUISIANA HOSPITAL  
MANDEVILLE, LOUISIANA**

Medical Staff Request for Privileges – **General Medical**  
Please Read the Privileges & Credentials Guidelines Before Completing This Form

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Type of Appointment (Check One):       Initial Appointment       Re-Appointment

Category of Medical Staff Membership (Check One):       Active Medical Staff       Courtesy Medical Staff

**GENERAL MEDICAL (Primary Care): List of Specific Privileges (To Be Completed by Applicant)**

- **General Medical Care:**       Requested  
     Evaluation, Diagnosis, and       Not Requested  
     Ongoing Treatment of  
     Patients with Medical and  
     Neurological Disorders  
     Commonly Encountered in  
     Children, Adolescents and  
     Adults That Have a Low Risk  
     for the Patient. (Includes:  
     History and Physical  
     Examinations, Ordering and  
     Interpreting Basic Laboratory  
     Tests, ECG's Specialty  
     Referrals and Consults for  
     Complex or Treatment  
     Resistant Cases.)

- **Minor Surgical:**       Requested  
     Performance of Minor Procedures       Not Requested  
     That Have a Low Risk for the  
     Patient. (Includes: Venipunc-  
     ture, Minor Laceration and  
     Wound Repair, Incision and  
     Drainage of Superficial  
     Abscesses, etc.)

- **Medical Consultation:**       Requested  
     Providing Consultation to       Not Requested  
     Psychiatrists or Other  
     Medical Specialists for  
     General Medical Problems or  
     Conditions Outside the  
     General Experience of Such  
     Specialists.

**The Following to be Completed by the Credentials Committee:**

- Granted
- Denied
- Limited
- If Denied/Limited, please provide explanation: \_\_\_\_\_
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- \_\_\_\_\_

- Granted
- Denied
- Limited
- If Denied/Limited, please provide explanation: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Granted
- Denied
- Limited
- If Denied/Limited, please provide explanation: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**GENERAL MEDICAL (Primary Care): List of Specific Privileges, Continued (To Be Completed by Applicant)**

- **Supervision:** Supervision of House Staff and Medical Students for General Medical and Minor Surgical Concerns That are Commonly Encountered in Children, Adolescents, and Adults Admitted to Psychiatric Hospitals.
  - Requested
  - Not Requested

- **Proctoring and Peer Review: Proctoring and Specialist Supervision of Other Medical Staff is Reserved for Board Certified Practitioners Only, Unless Specifically Authorized by the Credentials Committee.** (In Special Instances, Individuals Whose Skill, Knowledge and Experience are Equivalent to Board Certification may be Granted These Privileges.)
  - Requested
  - Not Requested

**OTHER MEDICAL SPECIALTY PRIVILEGES (To be Completed by Applicant)**

- **Other:** As Determined by Patient Care Need, and Demonstration of Education, Training, Competency and Proficiency
  - Requested
  - Not Requested

Initial assessment, stabilization, management and referral of serious illness & injury, including trauma and medical emergencies commonly encountered in children, adolescents, and adults.

**The Following to be Completed by the Credentials Committee:**

- Granted
  - Denied
  - Limited
- If Denied/Limited, please provide explanation: \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

- Granted
  - Denied
  - Limited
- If Denied/Limited, please provide explanation: \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**The Following to be Completed by the Credentials Committee:**

- Granted
  - Denied
  - Limited
- If Denied/Limited, please provide explanation: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY THE CREDENTIALS COMMITTEE CHAIR / CHIEF EXECUTIVE OFFICER**

**CREDENTIALS COMMITTEE RECOMMENDATION:**  Approve  Disapprove

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**C.E.O. RECOMMENDATION:**  Approve  Disapprove

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY THE GOVERNING BODY REPRESENTATIVE**

Approve  Disapprove (Explanation Attached)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



**GENERAL PSYCHIATRY: List of Specific Privileges,  
Continued (To Be Completed by Applicant)**

➤ **Restrictive Management:**  Requested  
Evaluation of Children,  Not Requested  
Adolescents and Adults for the  
Appropriateness of Restrictive  
Techniques (seclusion/restraint)  
usage and orders.

**The Following to be Completed by the Credentials  
Committee:**

Granted  
 Denied  
 Limited  
If Denied/Limited, please provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY THE CREDENTIALS COMMITTEE CHAIR / CHIEF EXECUTIVE OFFICER**

**CREDENTIALS COMMITTEE  
RECOMMENDATION:**  Approve  
 Disapprove

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**C.E.O. RECOMMENDATION:**  Approve  
 Disapprove

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY THE GOVERNING BODY REPRESENTATIVE**

Approve  Disapprove (Explanation Attached)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

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