

DELINEATION OF CLINICAL PRIVILEGES - PSYCHOLOGICAL ASSOCIATE

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:
PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.
SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Category 1. The practitioner performs specialty psychological services and works under the direct supervision of a licensed psychologist. The unlicensed Master's level graduate will be fully supervised during the first year of employment. Thereafter, the work product will be fully reviewed and general supervision provided by a licensed psychologist according to the individual's level of competence, as assessed by his/her supervisor. The individual has earned a master's degree in psychology, fulfilling the requirements of an academic program, including a minimum of 6 semester hours of supervised practicum in the major specialty. The graduate program must be offered by a college/university fully accredited by a U.S. regional accrediting body.

Requested	Approved	
		Category I clinical privileges

Category II. The practitioner performs specialty psychological services and works under the general supervision of a licensed psychologist. The individual has completed a master's degree program in psychology, at a fully accredited college/university, including a minimum of 6 semester hours of supervised practicum. The individual possesses licensure as a psychological associate or the licensed professional counselor (LPC)/LPC-equivalent licensure (or other master's level psychology license) available in some states. The licensed psychological associate or LPC with 2 or more years of experience (after attaining licensure) will receive general supervision, according to his/her level of competence, as assessed by the supervisor.

Requested	Approved	
		Category II clinical privileges

Category III. The practitioner provides a wide range of services in psychological assessment and may supervise category II or I psychological associates in the provision of services in the specialty. The individual has completed a post-master's specialty degree from an accredited college/university and passed a comprehensive examination in that specialty. The individual has a master's level psychologist, or a LPC/LPC-equivalent license from a State licensing body. The licensed psychological associate or LPC with more than 2 years experience and with post-master's work leading to the award of a specialty degree, requires supervision in the specialty only with difficult, high-risk cases, or for cases in which one or more of the patient's problems fall outside the scope of the associate's specialty.

Requested	Approved	
		Category III clinical privileges

Privileges - Psychological Testing

Requested	Approved	
		a. Conduct an intake interview of assigned patients to include the history of the presenting problem, a psychosocial assessment, as well as a mental status evaluation and any relevant behavioral observations.
		b. Conduct screening evaluations, utilizing information from clinical interviews, non-psychometric tests, and collateral sources, as appropriate.
		c. Recommend an assessment strategy sufficient to answer the diagnostic question presented.
		d. Administer and score all psychological tests used in the assessment and present the data in a format to facilitate evaluation of the data.
		e. Determine a provisional diagnosis according to the American Psychiatric Association (APA) Diagnostic and Statistical Manual.
		f. Prepare, under the general supervision of a licensed psychologist, a report of evaluation that includes the presenting problem, all pertinent historical data, information from collateral sources, and psychological testing. Integrate all data so as to form conclusions and recommendations.
		g. Provide feedback to patients as to the results of the psychological evaluation.

COMMENTS

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*

SIGNATURE

DATE (YYYYMMDD)

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE (YYYYMMDD)