



**PSYCHIATRY CLINICAL PRIVILEGES**

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

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Service Chief / Department Chair:** Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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**QUALIFICATIONS FOR GENERAL PSYCHIATRY**

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**Initial Applicants** - To be eligible to apply for privileges in general psychiatry, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in psychiatry.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of inpatient, outpatient, or consultative services for at least twenty-five (25) patients, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



**PSYCHIATRY CLINICAL PRIVILEGES**

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

**CORE PRIVILEGES – GENERAL PSYCHIATRY**

**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with mental, behavioral, addictive, or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy, family therapy, behavior modification, consultation to the courts, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribing medications. Includes the performance of a history and physical exam. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least twelve (12) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in general psychiatry, the reapplicant must meet the following criteria:

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least fifty (50) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.



**PSYCHIATRY CLINICAL PRIVILEGES**

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

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**QUALIFICATIONS FOR CHILD AND ADOLESCENT PSYCHIATRY**

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**Initial Applicants** - To be eligible to apply for privileges in child and adolescent psychiatry, the initial applicant must meet the following criteria:

As for General Psychiatry plus successful completion of an accredited ACGME or AOA residency in child and adolescent psychiatry.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in child and adolescent psychiatry by the American Osteopathic Board of Neurology and Psychiatry or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of inpatient, outpatient, or consultative services for at least twenty-five (25) patients, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship, within the past 12 months.

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**CORE PRIVILEGES – CHILD AND ADOLESCENT PSYCHIATRY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to children and adolescents, who suffer from developmental, mental, behavioral, addictive, or emotional disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy (individual family, group), behavior modification, cognitive therapy, treatment of psychiatric disorders in children and adolescents with severe physical illness, consultation to the courts, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribing medications. Includes performance of history and physical exam. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least twelve (12) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in child and adolescent psychiatry, the reapplicant must meet the following criteria:

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.



**PSYCHIATRY CLINICAL PRIVILEGES**

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

AND

Current demonstrated competence and experience with at least fifty (50) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR ADDICTION PSYCHIATRY**

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**Initial Applicants** - To be eligible to apply for privileges in addiction psychiatry, the initial applicant must meet the following criteria:

As for general psychiatry, plus successful completion of an accredited ACGME or AOA residency in addiction psychiatry,

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in addiction psychiatry by the American Board of Psychiatry and Neurology or Certificate of Added Qualifications in addiction medicine by the American Osteopathic Board of Neurology and Psychiatry or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least twenty-five (25) patients during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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**CORE PRIVILEGES – ADDICTION PSYCHIATRY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, with alcohol, drug, or other substance related disorders and of individuals with the dual diagnosis of substance-related or other psychiatric disorders. Treatment modalities include detoxification, management of overdoses, and maintenance pharmacotherapy. Includes performance of history and physical exam. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least six (6) addiction psychiatry patients. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in addiction psychiatry, the reapplicant must meet the following criteria:



**PSYCHIATRY CLINICAL PRIVILEGES**

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

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least fifty (50) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR FORENSIC PSYCHIATRY**

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**Initial Applicants** - To be eligible to apply for privileges in forensic psychiatry, the initial applicant must meet the following criteria:

As for general psychiatry, plus successful completion of an ACGME- or AOA-accredited residency in forensic psychiatry,

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in forensic psychiatry by the American Board of Psychiatry and Neurology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of inpatient, outpatient, or consultative services for at least one (1) patient, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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**CORE PRIVILEGES – FORENSIC PSYCHIATRY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Evaluate, diagnose, treat, and provide consultation to patients or individuals of all ages involved with the legal system (civil, criminal and administrative law) and provide specialized treatment to those incarcerated in jails, prisons, and forensic psychiatry hospitals. Includes performance of history and physical exam. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least one (1) forensic psychiatry patient. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in forensic psychiatry, the reapplicant must meet the following criteria:



**PSYCHIATRY CLINICAL PRIVILEGES**

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

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least two (2) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR GERIATRIC PSYCHIATRY**

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**Initial Applicants** - To be eligible to apply for privileges in geriatric psychiatry, the initial applicant must meet the following criteria:

As for general psychiatry, plus successful completion of an ACGME- or AOA-accredited residency in geriatric psychiatry,

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in geriatric psychiatry by the American Board of Psychiatry and Neurology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of inpatient, outpatient, or consultative services for at least twenty-five (25) patients, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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**CORE PRIVILEGES – GERIATRIC PSYCHIATRY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to elderly patients with mental and emotional disorders, including those areas that are unique to the care of the elderly, e.g. multiple co morbid medical disorders and degenerative disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy, family therapy, behavior modification, consultation to the courts, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribing medications. Includes performance of history and physical exam. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least twelve (12) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.



**PSYCHIATRY CLINICAL PRIVILEGES**

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

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in geriatric psychiatry, the reapplicant must meet the following criteria:

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with (inpatient, outpatient, or consultative services) for at least fifty (50) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR CONSULTATION - LIAISON PSYCHIATRY (FORMERLY PSYCHOSOMATIC MEDICINE)**

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**Initial Applicants** - To be eligible to apply for privileges in Consultation-Liaison Psychiatry, the initial applicant must meet the following criteria:

As for general psychiatry, plus successful completion of an ACGME accredited fellowship in consultation liaison,

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in Consultation-Liaison Psychiatry by the American Board of Psychiatry and Neurology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of inpatient, outpatient, or consultative services for at least twenty-five (25) patients, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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**CORE PRIVILEGES – CONSULTATION - LIAISON PSYCHIATRY (FORMERLY PSYCHOSOMATIC MEDICINE)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, provide consultation and psychiatric treatment to patients who suffer from co-morbid medical and psychiatric conditions in inpatient and outpatient settings. Consult with other physicians in the Health System and the community. Must be able to engage in initial and continuing evaluation and/or treatment including evaluation and treatment intervention. Must be able to provide both psychotherapeutic and psychopharmacologic services and teach those services to house staff, fellows, medical students, and other health care professionals. Includes performance of history and physical exam. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.



**PSYCHIATRY CLINICAL PRIVILEGES**

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

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be monitored for at least six (6) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in consultation liaison psychiatry, the reapplicant must meet the following criteria:

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with (inpatient, outpatient, or consultative services) for at least fifty (50) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**CORE PRIVILEGES - ADDICTION MEDICINE (NON-PSYCHIATRIST)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, and treat or provide consultative services to all patients within outpatient, inpatient, emergency department, and critical care settings, related to the prevention, assessment, diagnosis, treatment, and recovery of persons with substance-related disorders, associated health conditions, and of people who show unhealthy use of substances including nicotine, alcohol, prescription medications and other licit and illicit drugs. May provide care to patients who suffer from substance-related disorders across treatment settings (e.g. inpatient, outpatient, emergency department), as well as consult with other physicians in the Health System and the community. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Privileges include but are not limited to: screen for and diagnose common problems related to substance use and addiction, conduct an accurate patient evaluation, assess stages of change and use motivational interviewing, order and interpret appropriate diagnostic and laboratory tests, formulate a diagnosis and appropriate management plan, use standard diagnostic criteria to diagnose addiction, formulate a maintenance-oriented treatment plan when appropriate, explain diagnoses to the patient and explain rationale for treatment, provide brief intervention, consult with other treatment resources as appropriate, supervise and teach house staff, fellows, medical students, and other health care professionals.

***Criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in any specialty.

AND





**PSYCHIATRY CLINICAL PRIVILEGES**

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

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in addiction medicine by the American Board of Preventive Medicine, American Board of Addiction Medicine via the practice pathway (valid through 2025) OR successful completion of an ACGME-accredited Addiction Medicine fellowship or UMHS approved international equivalent.

**Required Current Experience:** Demonstrated current competence and evidence of the provision of care for at least twenty-five (25) patients needing addiction care during the past 12 months, reflective of the scope of privileges requested, or successful completion of an accredited addiction medicine fellowship program within the past 12 months.

**FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will be monitored for an initial six (6) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated competence and experience with at least fifty (50) patients needing addiction care, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant.

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**ELECTROCONVULSIVE THERAPY (ECT)**

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**Applicant:** Requested Initial  Requested Renewal

**Service Chief/Chair:** Recommended  Not Recommended

**Criteria:** Successful completion of an ACGME- or AOA-accredited residency program in psychiatry.

**Required Current Experience:** Demonstrated current competence and evidence of the provision of at least ten (10) ECT treatments to at least three (3) different patients during the past 12 months or completion of training in the past 12 months. Treatment must have included the evaluation of the patient for treatment need and suitability, immediate post treatment follow-up and evaluation at completion of the treatment course.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be evaluated and proctored for their first twenty (20) cases.



**PSYCHIATRY CLINICAL PRIVILEGES**

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

**Renewal of Privilege:** Demonstrated current competence and evidence of the provision of at least one-hundred (100) ECT treatments to at least ten (10) different patients during the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**TRANSCRANIAL MAGNETIC STIMULATION (TMS)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited residency program in psychiatry that included training in TMS.

**Required Current Experience:** Demonstrated current competence and evidence of the provision of at least one (1) treatment during the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** All new applicants will be evaluated and proctored for their first two (2) treatments.

**Renewal of Privilege:** Demonstrated current competence and evidence of the provision of at least two (2) treatments during the past 24 months based on results of ongoing professional practice evaluation and outcomes.



**PSYCHIATRY CLINICAL PRIVILEGES**

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

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by 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 or related documents.

**Practitioner Printed Name** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes**  
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\_\_\_\_\_

**Service Chief Printed Name** \_\_\_\_\_

**Service Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Chair Printed Name** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**  
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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Committee on Clinical Affairs Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Board Action** \_\_\_\_\_ **Date** \_\_\_\_\_