

**\*YALE-NEW HAVEN HOSPITAL**

**CORE PRIVILEGES  
Department of PSYCHIATRY  
Clinical Psychologist**

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

The clinical privileges and procedures identified below are the Core Privileges in Clinical Psychology.

**Qualifications:**

- Licensure by the State of Connecticut as a “Clinical Psychologist”
- Ph.D. or Psy.D. Degree

**Privileges & Procedures**

Core privileges in Clinical Psychology include consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders.

Administration and interpretation of intellectual, cognitive, achievement, vocational, aptitude, clinical objective and projective personality psychological assessments; psychiatric, psychosocial, developmental and family history interviewing; mental status assessment, crisis intervention, short and long term psychotherapy for individuals, families, couples and groups; community outreach, case management, and mental health discharge planning.

**Special Procedure Privileges** (not included in the Clinical Psychology Core)

To be eligible to apply for the special procedures listed below, applicants must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria as indicated:

<b><u>Procedure</u></b>	<b><u>Criteria</u></b>	<b>Requested</b>	<b>Approved</b>	<b>Not Approved</b>
Neuropsychological Testing	<i>Board Certification by the American Board of Clinical Neuropsychology (ABCN) or American Board of Professional Neuropsychology (ABPN) or appropriate equivalent training and experience*</i>			
Special psychological examinations (i.e. forensic competency and incapacitation determinations)	<i>Appropriate training and experience.</i>			

\*Documentation of “appropriate equivalent training and experience must be submitted with request for privileges.” See attached for example.

## PSYCHOLOGIST ACKNOWLEDGEMENT

I acknowledge that I have received and am oriented to the Bylaws and Rules & Regulations of the Medical Staff as well as Yale-New Haven Hospital's policy regarding Standard Precautions and agree to be bound by the terms thereof.

I understand that this statement of conditions of clinical privileges will remain in effect for the duration of my service as a member of the Yale-New Haven Hospital Medical Staff unless amended.

\_\_\_\_\_  
Psychologist's Signature

\_\_\_\_\_  
Date

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## DEPARTMENTAL REVIEW

Except as indicated below, core privileges in Clinical Psychology are approved by the undersigned:

### **Core Privileges and Procedures In Clinical Psychology**

Approved

### **Special Procedures in Clinical Psychology**

Approved as indicated on the previous page

Although I have not personally examined the applicant/reappointee or his/her medical records, I

Do not have

Have (please explain below)

reason to believe that he/she suffers from a physical, emotional, or other health problem which impairs his/her ability to practice. Should I acquire information which changes this opinion, I will promptly notify the Chief of Staff.

**For Re-Appointments Only**

Additionally in consideration of this request for privileges, I have reviewed the reappointee's performance with respect to the ACGME six general competencies indicated below based upon direct knowledge or information available via peer reference. Areas of concern which I have addressed with the reappointee, if applicable, are noted below: *(Please initial/ explain as applicable)*

Patient Care \_\_\_\_\_

Medical / Clinical Knowledge \_\_\_\_\_

Practice Based Learning and Improvement \_\_\_\_\_

Interpersonal & Communication Skills \_\_\_\_\_

Professionalism \_\_\_\_\_

Systems Based Practice \_\_\_\_\_

**No issues with any of the above. (Please check as applicable)**

**DEPARTMENTAL OR SUBSPECIALTY COMMENTS**

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**Approved:**

\_\_\_\_\_  
John Krystal, M.D.  
Chief, Psychiatry

\_\_\_\_\_  
Date

\_\_\_\_\_  
William Sledge, M.D.  
Associate Chief, Psychiatry

\_\_\_\_\_  
Date

\*Example:

1. Education: A doctorate degree in psychology from a regionally accredited institute with a program in psychology.
2. Experience: Three years, minimum of five hundred hours per year, of clinical neuropsychological experience at either pre- or post-doctoral levels.
3. Supervision: Two years supervision in clinical neuropsychology, satisfied by one or more of the following: a) two years post-doctoral supervision, b) one year pre-doctoral and one year post-doctoral supervision, c) successful completion of post-doctoral fellowship.

