



BEHAVIORAL HEALTH Allied Health Professional

(LPC - Licensed Professional Counselor, LCSW - Licensed Clinical Social Worker,
LMFT - Licensed Marriage & Family Therapist, and Masters R.N.)

BASIC QUALIFICATIONS FOR INITIAL APPOINTMENT:

1. Successful completion of an appropriate residency, graduate or training program; **AND**
2. Current Colorado License; **AND**
3. Current competence as evidenced by active clinical practice, and performance of the privileges being requested; **AND**
4. Relevant post-residency/training continuing education; **AND**
5. Current Red Cross or American Heart Association BLS Certification that includes a skills lab.

QUALIFICATIONS FOR REAPPOINTMENT:

1. Current competence demonstrated by an active clinical practice, and performance of the privileges being requested; **AND**
2. Current Colorado License; **AND**
3. Acceptable outcomes in the privileges requested for the past 24 months as a result of quality assessment/performance improvement activities; **AND**
4. Relevant continuing education; **AND**
5. Current Red Cross or American Heart Association BLS Certification that includes a skills lab.

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and which I expect to exercise at **Boulder Community Hospital**; and

I attest by signature that I have met the minimum criteria for procedures/diagnoses management as stated on the following pages within the past 24 months, and have provided documentation where specifically requested. I agree to provide any additional documentation if requested. **Documentation for minimum criteria of procedures performed may be fulfilled from other hospital affiliations.**

I understand that:

- In exercising any privileges granted, I am constrained by all Hospital and Medical Staff policies.
- Performing procedures outside of my privileges may result in immediate suspension and/or loss of privileges.

Applicant Signature

Date

Printed Name

TURN THIS PAGE AND REQUEST PRIVILEGES

DO NOT WRITE IN ANY ADDITIONAL PRIVILEGES / PROCEDURES. If you wish to perform a procedure that is not listed on this form, please contact the Medical Staff Department.

ARE YOU APPLYING FOR THIS PRIVILEGE?	PRIVILEGES / PROCEDURES	CRITERIA
<input type="checkbox"/> YES	<u>Licensed Professional Counselor / Masters R.N. CORE Privileges</u> 1BH-AHP A BHS AHP may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient. <ul style="list-style-type: none"> Adolescent and Adult Individual Psychotherapy 	.
<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<u>Licensed Professional Counselor / Masters R.N. SPECIAL Privileges</u> A BHS AHP may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient. Family Therapy 4BH-AHP/B Group Therapy 4BH-AHP/C Marriage/Couples Therapy 4BH-AHP/D Biofeedback 4BH-AHP/E Hypnotherapy 4BH-AHP/F	<u>Initial Application Criteria</u> Documentation of 30 hours of supervised clinical work with at least 3 adult/adolescent patients / 3 families / 3 groups / 3 couples as applicable
<input type="checkbox"/> YES	Chemical Dependency Intervention and Therapy 4BH-AHP/G	Must be a Certified Level II Addiction Counselor; documentation of 30 hours supervised clinical work with at least 3 adult/adolescent patients
<input type="checkbox"/> YES	Case Management 4BH-AHP/H	Documentation of at least 120 supervised patient days as Case Manager of an inpatient psychiatric unit, with 10 different hospital based patients, including 5 adults/adolescents
<input type="checkbox"/> YES	Hospital Consultation / Liaison 4BH-AHP/I Consultative services and appropriate follow-up to inpatients where the primary mode of treatment is not psychiatric	Documentation of supervised consultation liaison service, including full mental health evaluation and treatment, not disposition only, of a least 6 hospital based adults/adolescents
<input type="checkbox"/> YES	Psychological Testing (excludes neuropsychological testing) 4BH-AHP/J	Documentation of supervised psychological and/or neuropsychological testing on at least 6 adult/adolescent patients
<input type="checkbox"/> YES	Neuropsychological Consultation and Evaluation 4BH-AHP/K	
<input type="checkbox"/> YES	<u>Licensed Clinical Social Worker / Licensed Marriage & Family Therapist CORE Privileges</u> A BHS AHP may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient. Core privileges include: 2BH-AHP <ul style="list-style-type: none"> Adolescent and Adult Individual Psychotherapy Adolescent and Adult Group Therapy Marriage/Couples Therapy Family Therapy 	

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ARE YOU APPLYING FOR THIS PRIVILEGE?	PRIVILEGES / PROCEDURES	CRITERIA
<input type="checkbox"/> YES <input type="checkbox"/> YES	<u>Licensed Clinical Social Worker / Licensed Marriage & Family Therapist SPECIAL Privileges</u> A BHS AHP may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient. Biofeedback 4BH-AHP/E Hypnotherapy 4BH-AHP/F	<u>Initial Application Criteria</u> Documentation of 30 hours of supervised clinical work with at least 3 adult/adolescent patients
<input type="checkbox"/> YES	Chemical Dependency Intervention and Therapy 4BH-AHP/G	Must be a Certified Level II Addiction Counselor; documentation of 30 hours supervised clinical work with at least 3 adult/adolescent patients
<input type="checkbox"/> YES	<u>Licensed Clinical Social Worker / Licensed Marriage & Family Therapist SPECIAL Privileges (continued)</u> A BHS AHP may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient. Case Management 4BH-AHP/H	Documentation of at least 120 supervised patient days as Case Manager of an inpatient psychiatric unit, with 10 different hospital based patients, including 5 adults/adolescents
<input type="checkbox"/> YES	Hospital Consultation / Liaison 4BH-AHP/I Consultative services and appropriate follow-up to inpatients where the primary mode of treatment is not psychiatric	Documentation of supervised consultation liaison service, including full mental health evaluation and treatment, not disposition only, of a least 6 hospital based adults/adolescents
<input type="checkbox"/> YES <input type="checkbox"/> YES	Psychological Testing (excludes neuropsychological testing) 4BH-AHP/J Neuropsychological Consultation and Evaluation 4BH-AHP/K	Documentation of supervised psychological and/or neuropsychological testing on at least 6 adult/adolescent patients
<input type="checkbox"/> YES	<u>Behavioral Health Allied Health Professional CHILD Special Privileges (includes LPC, MRN, LCSW, and LMFT)</u> A BHS AHP may be granted privileges to perform the following services when expressly requested by and upon written order of the attending physician for each patient. CHILD Individual Psychotherapy 5BH-AHP/A	<u>Initial Application Criteria</u> Documentation of 60 hours supervised clinical work with at least 6 CHILDREN
<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	CHILD Family Therapy 5BH-AHP/B CHILD Group Therapy 5BH-AHP/C CHILD Biofeedback 5BH-AHP/E CHILD Hypnotherapy 5BH-AHP/F	Documentation of 30 hours of supervised clinical work with at least 3 CHILDREN
<input type="checkbox"/> YES	CHILD Chemical Dependency Intervention and Therapy 5BH-AHP/G	Must be a Certified Level II Addiction Counselor; documentation of 30 hours supervised clinical work with at least 3 CHILDREN
<input type="checkbox"/> YES	CHILD Case Management 5BH-AHP/H	Documentation of at least 120 supervised patient days as Case Manager of an inpatient psychiatric unit, with 10 different hospital based patients, including 5 CHILDREN
<input type="checkbox"/> YES	CHILD Hospital Consultation / Liaison 5BH-AHP/I Consultative services and appropriate follow-up to inpatients where the primary mode of treatment is not psychiatric	Documentation of supervised consultation liaison service, including full mental health evaluation and treatment, not disposition only, of a least 6 hospital based CHILDREN

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ARE YOU APPLYING FOR THIS PRIVILEGE?	PRIVILEGES / PROCEDURES	CRITERIA
<input type="checkbox"/> YES	CHILD Psychological Testing (excludes neuropsychological testing) 5BH-AHP/J	Documentation of supervised psychological and/or neuropsychological testing on at least 6 CHILDREN
<input type="checkbox"/> YES	CHILD Neuropsychological Consultation and Evaluation 5BH-AHP/K	