DELINEATION OF PRIVILEGES - PSYCHIATRY

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

(DA Form 5440A-R Must be Completed and Attached to this Form)

REQUESTED BY	DATE

PRIVILEGES	RECOMMENDATIONS BY DEPT./SVS. CHIEF			
Delineation of privileges must be based on an individual's education, training, experience, demonstrated current competency. Check the appropriate category.	APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT APPROVED
Category I. Physicians not board eligible in psychiatry with little or no residency training, but with considerable experience in the care of mental disorders and qualified for the general practice of medicine.				
Category II. A psychiatrist who is board eligible in Psychiatry.				
Category III. Psychiatrists who are board certified by the American Board of Psychiatry and Neurology or its equivalent.				
Category IV. Specialized fellowship training beyond board eligibility or board certification in General Psychiatry. Requires extensive subspecialty fellowship training or experience in the areas noted below.				
Subspecialties ***(Check)***				
a. Child Psychiatry				
b. Psychoanalysis				
c. Child Psychoanalysis				
d. Forensic Psychiatry				
e. Administrative Psychiatry				
f. Geriatric Psychiatry				
g. Consultant-Liaison Psychiatry				
h. Psychosomatic Medicine				
Other *(Specify)*				
Privileges Requested ***(Check)***				
a. Assessment and Diagnosis of Mental Disorders				
b. Inpatient Psychiatric Treatment				
c. Alcohol/Drug Residential Treatment				
d. Adult Psychotherapy				
(1) Individual				
(2) Marital				
(3) Family				
(4) Group				
e. Child and Adolescent Psychiatry				
(1) Assessment and Diagnosis				
(2) Psychotherapy				
(a) Family				
(b) Group				
(3) Psychopharmacotherapy				
f. Somatic Therapy				
(1) Psychopharmacotherapy				
(2) Biofeedback Therapy				
(3) Electro-Convulsive Therapy				
(4) Amytal Interview				