

Loma Linda University Behavioral Medicine Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: LICENSED PSYCHOLOGISTS

Name: _____

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CATEGORY	QUALIFICATIONS
General Qualifications for All Psychologists	<ol style="list-style-type: none"> 1. License as a Psychologist in the State of California, as defined in Section 2900 of the California Business & Professions Code, current and in good standing AND 2. Minimum of one (1) year pre- or postdoctoral (Ph.D. or Psy.D.) psychiatric hospital experience.
Psychological Assessment/Testing General (includes Neuropsychological Screening)	<ol style="list-style-type: none"> 1. Minimum of one (1) year pre- or postdoctoral coursework in assessment theory, and test administration, scoring, and interpretation skills AND 2. Minimum of one (1) year pre- or postdoctoral supervised experience in psychological assessment/testing.
Psychological Assessment/Testing Specific: Neuropsychological Assessment	<ol style="list-style-type: none"> 1. Qualification for General Psychological Assessment/Testing privileges AND 2. Diplomate status from the American Board of Professional Psychology in Clinical Neuropsychology (ABCN) OR 3. Board certification by the American Board of Professional Neuropsychology (ABN) OR 4. Minimum of two (2), fulltime years of specialized training and experience, at least one of which is at the postdoctoral level, in the study and practice of clinical neuropsychology and related neurosciences. These two year include supervision by a clinical neuropsychologist
Psychological Assessment/Testing Specific: Educational Evaluations	<ol style="list-style-type: none"> 1. Qualification for General Psychological Assessment/Testing privileges AND 2. Minimum of one (1) pre- or postdoctoral course in mental retardation, learning disabilities, or school psychology AND 3. Pre- or postdoctoral supervised experience in educational evaluations
Individual Psychotherapy General	<ol style="list-style-type: none"> 1. Pre- or postdoctoral coursework in the theory and practice of individual psychotherapy with elderly, adult, adolescent, and/or child patients (depending on privilege sought) AND 2. Minimum of one (1) year pre- or postdoctoral supervised experience in the conduct of individual psychotherapy with elderly, adult, adolescent, and/or child patients (depending on privilege sought)
Conjoint/Family Therapy General	<ol style="list-style-type: none"> 1. Pre- or postdoctoral coursework in the theory and practice of conjoint and/or family therapy AND 2. Minimum of one (1) year pre- or postdoctoral supervised experience in the conduct of conjoint and/or family psychotherapy

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Group Therapy General	<ol style="list-style-type: none">1. Pre- or postdoctoral coursework in the theory and practice of group therapy with elderly, adult, adolescent, and/or child patients (depending on privilege sought) AND2. Minimum of one (1) year pre- or postdoctoral supervised experience in the conduct of group therapy with elderly, adult, adolescent, and/or child patients (depending on privilege sought)
Chemical Dependency Assessment and Counseling General	<ol style="list-style-type: none">1. Certification by California Department of Alcohol and Drug Programs (ADP) OR2. Pre- or postdoctoral coursework in chemical dependency AND3. Minimum of one (1) year pre- or postdoctoral supervised experience in the conduct of chemical dependency assessment and counseling
Biofeedback	<ol style="list-style-type: none">1. Certification by the Biofeedback Certification International Alliance (BCIA) or the Biofeedback Society of California (BSC)
Supervision of Pre- or Postdoctoral Clinical Psychology Trainees	<ol style="list-style-type: none">1. Minimum of 12 hours of pre- or postdoctoral coursework in clinical supervision

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PRIVILEGE REQUEST ACKNOWLEDGEMENT

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Behavioral Medicine Center; **and**

I understand that:

(a) In exercising any practice privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the practice 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.

Signed: _____

Date: _____

**** *For Hospital and/or Clinic Use Only* ****

Conditions/Modifications:

The requested practice privileges have been approved by the Board of Trustees with the following conditions, modifications and the explanation for same.

Code	Privilege	Condition/Modification

Code	Explanation:

Discipline Director

Date

Supervising Physician

Date

Service Chief

Date

Credentials Committee

Date

Medical Staff Executive Committee

Date

Governing Board Officer

Date