DELINEATION OF CLINICAL PRIVILEGES - BEHAVIORAL HEALTH PRACTITIONER

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

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Category I.

The individual has earned a master's degree in counseling or clinical psychology, fulfilling the requirements of a 2-year academic program, including a minimum of 12 supervised practicum hours in the major specialty. The graduate program must be from a university fully accredited by a U.S. regional accrediting body. The practitioner performs specialty counseling services and works under the supervision of a psychologist, psychiatrist, or clinical social worker licensed in his/her discipline. The individual must possess either the Licensed Professional Counselor (LPC) license or a master's level psychology license, such as "psychology associate" license, from a State licensing board. NOTE: Not all States offer licenses to those possessing a master's degree in psychology, but all offer the LPC, though some States use a different title for their LPC equivalent license. Check the education and experience requirements for licensure to determine equivalency.

Requested	Approved	
		Category I clinical privileges

Category II.

The individual has completed a 2-year master's degree program in counseling or clinical psychology, at a fully accredited university, including a minimum of 12 semester hours of supervised practicum. The individual possesses the LPC/LPC equivalent licensure, or a "psychology associate" (or other master's level mental health provider license) available in some states. He/she has 2 years minimum full-time experience in the specialty in which services are performed under the supervision of a higher privileged provider with a license in social work, psychology, or psychiatry.

Requested	Approved	
		Category II clinical privileges

Category III.

The individual has completed a post-master's specialty degree from an accredited university and passed a comprehensive examination in that specialty. The individual has an LPC/LPC equivalent license, or a license as a master's level mental health provider from a State licensing body. He/she provides a wide range of services in the designated specialty and may supervise category II or I counselors in their provision of services in the specialty. The individual will be supervised by a psychologist, psychiatrist, or a social worker who is licensed in their respective disciplines and privileged at a higher level (category).

Requested	Approved	
		Category III clinical privileges

PRIVILEGES

Requested	Approved		Requested	Approved	
		a. Assessment/Treatment Planning			(1) Inpatient Therapy
		(1) Psychological Assessment			(2) Outpatient Therapy
		(2) Substance Abuse Assessment			(3) Adult Therapy
		(3) Adult Assessment			(4) Adolescent Therapy*
		(4) Adolescent Assessment*			(5) Family Therapy*
		(5) Family Assessment*			(6) Marital Therapy*
		(6) Inpatient Treatment Planning			(7) Individual Therapy
		(7) Outpatient Treatment Planning			(8) Group Therapy*
					(9) Crisis Intervention
		b. Rehabilitation/Treatment			

*** Requires documented training and supervised experience in the specialized area.**

NOTE: Requirements for FAP personnel must be IAW DoD Directive 6400.1, FAP, 23 June 1992. ASAP requires specialized training, experience, and certification IAW DoD HA Policy Memo 9700029 and OSD Policy Memo, 26 Sep 2000 (ADAPCP Licensure Policy).

PRIVILEGES *(Continued)*					
Requested	Approved		Requested	Approved	
		c. Consultation			(5) Special Procedures
		(1) Command			(6) Resource/Referral Planning
		(2) Medical/Allied Health Agencies			(7) Motivational Education/Training
		(3) Community Organizations			(8) Alcohol/Drug Awareness Education
		(4) School			

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*