UNIVERSITY OF MARYLAND MEDICAL SYSTEM Department of Psychiatry, Division of Psychology Delineation of Privilege Form

Applicants for membership in the Department of Psychiatry, Division of Psychology of the University of Maryland Medical System may request admission to the Active staff or the Courtesy staff.

Please indicate the Staff Category to which you wish to apply	: (refer to M	ledical Staff Byla	aws for qualifications)
Active	Cour	tesy	
Name:	Date:		
Privilege/Operative Procedure		Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<u>Category 0</u> : In the case of an emergency, any member of the Medical Stagree permitted by his/her license and regardless of Medical Staff stat or clinical privileges, shall be permitted to do everything possible to sat a patient or to save a patient from serious harm. *Approved per the MeBylaws	us, service we the life of	V *	Yes
<u>Category I – To be eligible for Category I privileges, applicants must I in Clinical, School or Counseling Psychology from an APA approved of program and be licensed in the State of Maryland Board of Examiners: Psychology. Individuals with Category I privileges are authorized to possible, teach and supervise within the scope of their license and exper</u>	loctoral in ractice,		
Specialty Area: (e.g., Clinical, School or Counseling Psychology)			
<u>Category II –</u> Specialized Area of Practice It is expected that all Psychologists will have one or more areas of specexpertise, and will request approval for Category II privileges in addition Category I. These areas of special expertise will generally reflect popul Adult, Child) and approach (e.g., cognitive behavior therapy, school bacounseling).	on to ation (e.g.,		
Specialized Area of Practice: Please list and complete attached doc form:	umentation		
All psychologists receiving privileges are expected to adhere to the Cocspecified in Title 10, Subtitle 35, Chapter .05 of the Maryland Licensin,		nd Professional Co	onduct for Psychologists, as
Applicant's Signature I attest that in approving this appointment, due consideration has been judgement and technical skills prior to the appointment period. I have present or potential health problem that may affect the applicants' abil	not observed	or been informed	of, conduct indicating a
Clinical Division Director	_	Date	
Chairman, Department of Psychiatry	_	Date	
Applicant's Confirming Signature (required if any requested privilege is not approved)		Date	

UNIVERSITY OF MARYLAND MEDICAL SYSTEM DEPARTMENT OF PSYCHIATRY

Documentation of Application for Specialized Procedures/Practices in Psychology

NAN	Æ:		DATE:
	re of Specialized Procedure/eded.)	Practice: (Complete one for each p	procedure/practice requested. Use additional paper
1.	Describe all didactic/clin	nical training conducted/received in	this specialty area:
2.	List supervised experience	ces you have had:	
3.			I your clinical privileges limited, suspended or is specialized procedure. (If YES, please explain)
4.	specialty. Upon completi	ion of this form, have this individual cognized authority themselves in the	onal who can attest to your expertise in this al sign in support of your application. Note that thin is specialty or a previous supervisor with
Name (Please PRINT or TYPE)		r TYPE)	
	Address		
	Signature	Date	
I att	est to the accuracy of the ir	nformation provided above:	
 Sign	ature of Applying Psycholo	ogist	 Date