EVALUATION OF CLINICAL PRIVILEGES - PSYCHIATRY 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. PERIOD OF EVALUATION		3. PERIOD OF EVALUATION (YYYYMMDD)					
		FROM	ТО					
4. DEPARTMENT/SERVICE	5. FACILITY (Name	and Address: (City/State/Zip Code)					

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLI
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	Subspecialties			
	a. Child Psychiatry			
	b. Psychoanalysis			
	c. Child Psychoanalysis			
	d. Forensic Psychiatry			
	e. Administrative Psychiatry			
	f. Geriatric Psychiatry			
	g. Consultant-Liaison Psychiatry			
	h. Addictions Medicine			
	i. Psychopharmacology			
	Privileges Requested			
	a. Assessment and Diagnosis of Mental Disorders			
	b. Inpatient Psychiatric Treatment			
	c. Alcohol/Substance Abuse Treatment			
	(1) Residential Treatment Services			
	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			

CODE			ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	(4) Amytal Interview		7.00=: ::	7.00	
	g. Consultation				
	(1) Command				
	(a) Command-directed Behavioral Health	Evaluations			
	(b) Psychological Autopsies				
	(2) Medical/Surgical Activities				
	(3) Community Organizations				
	(4) School				
	h. Specialized Skills				
	(1) Forensic Psychiatry				
	(2) Psychoanalysis				
	(3) Child Psychoanalysis				
	(4) Geriatric Psychiatry				
	(5) Behavior Therapy				
	(6) Gestalt Therapy				
	(7) Hypnotherapy				
	(8) Evaluations for Dangerousness: Suicidality	/Homicidality/Assaultive Potential			
	i. Research				
	j. Other (Specify)				
	SECTION II - COMME	NTS (Explain any rating that is "Unacceptable".)		
NAME AND	TITLE OF EVALUATOR	SIGNATURE		DATE	MMDD)
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