

Contra Costa Regional Medical Center Psychiatry Privileges Request Form

Practitioner Name: _____

Departments (s)	Number	Privilege Descriptions	D/C/U	Training/ Education	Experience	Current Competence	Requested	Granted	D= Denied P= Pending CNM=Criteria Not Met
		D= With Direct Supervision C = With Consultation U = Unrestricted							
		Psychiatry							
PSI	PSI 14	General Outpatient Psychiatric Care 0 - 13 Years Old	C	BE/BC in Adult Psychiatry	1 year	N/A			
			U	BE/BC in Child/Adol. Psychiatry	2 years	1 year in last 4 yrs.			
PSI	PSI 15	General Outpatient Psychiatric Care 14 Years - 17 Years Old	C	BE/BC in Adult Psychiatry or psychiatric NP	1 year	N/A			
			U	BE/BC in Child /Adol. Psychiatry or psychiatric NP	2 years	1 year in last 4 yrs.			
PSI	PSI 16	General Outpatient Psychiatric Care 18 Years - 59 Years Old	C	Completed 3 years PSI residency or psychiatric NP	1 year	N/A			
			U	BE/BC in Adult Psychiatry or psychiatric NP	2 years	1 year in last 4 yrs.			
PSI	PSI 17	General Outpatient Psychiatric Care >50 Years Old	C	Completed 3 years PSI residency or psychiatric NP	1 year	N/A			
			U	BE/BC in Adult Psychiatry or psychiatric NP	2 years	1 year in last 4 yrs.			
PSI	PSI 10	Crisis Evaluation and Treatment, Referral for Inpatient Treatment, and Emergency Inpatient Admission Orders	C	Completed 2 years PSI residency	1 year	N/A			
			U*	Completed 3 year PSI Residency (with phone backup)	2 years	1 year in last 4 yrs.			
			U	BE/BC in Adult Psychiatry	2 years	1 year in last 4 yrs.			

* Separate proctoring required

Last Revised: 01/2017

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PSI	PSI 9	Ambulatory Clinic Outpatient Consultation/Liaison Services	C	BE/BC in Adult Psychiatry or psychiatric NP	1 year	N/A			
			U	BE/BC in Adult Psychiatry or psychiatric NP	2 years	1 year in last 4 yrs.			
PSI	PSI 7	General Inpatient Psychiatric Care 18 - 59 Years Old	C	Completed 2 years PSI residency	1 year	N/A			
			U*	Completed 3 year PSI Residency (with phone backup)	2 years	1 year in last 4 yrs.			
			U	BE/BC in Adult Psychiatry	2 years	1 year in last 4 yrs.			
PSI	PSI 8	General Inpatient Psychiatric Care >50 Years Old	C	Completed 2 years PSI residency	1 year	N/A			
			U*	Completed 3 year PSI Residency (with phone backup)	2 years	1 year in last 4 yrs.			
			U	BE/BC in Adult Psychiatry	2 years	1 year in last 4 yrs.			
PSI	PSI 12	Inpatient Consultation/Liaison Services	C	Completed 2 years PSI residency	1 year	N/A			
			U*	Completed 3 year PSI Residency (with phone backup)	2 years	1 year in last 4 yrs.			
			U	BE/BC in Psychiatry	2 years	1 year in last 4 yrs.			

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PSI	PSI 11	Psychotherapy	C	Completed 3 years PSI residency	1 year	1 year in last 4 yrs.			
			U	BE/BC in Psychiatry	2 years	1 year in last 4 yrs.			

I certify that I am licensed for clinical practice in the State of California, I have reviewed the Contra Costa Regional Medical Center Privilege Criteria, and that I meet the specified criteria for education/training, experience, and current competence for the privileges that I have requested above.

Signature of Requesting Practitioner

Date

Signature of Division Chairperson

Date

Signature of Department Chairperson

Date