DELINEATION OF CLINICAL PRIVILEGES - SOCIAL WORK

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.

Practitioner has a MSW degree but is not yet licensed. Provides full range of social work services as qualified to deliver by virtue of education/training to include assessment and treatment, consultation, intervention, education, training, administration, and research. The individual may provide patient care upon the approval of the Chief, Social Work Service while receiving licensure qualifying supervision from a licensed clinical social worker appointed by the MTF Chief, Social Work Service, or the Regional Medical Command Social Work Consultant.

Requested	Approved	
		Category I clinical privileges

Category II.

Practitioner has an MSW/Doctor of Social Work (DSW)/Doctor of Philosophy (Ph.D.) degree in clinical social work and is a licensed Clinical Social Worker. Skilled in the areas of social work assessment, diagnosis, treatment, consultation, intervention, education, training, administration, and research. The individual acts independently in directing/providing patient care upon the approval of the Chief, Social Work Service. Delivers social work services to individuals, groups, and families.

Requested	Approved	
		Category II clinical privileges

Category III.

Practitioner has an MSW/DSW/Ph.D. degree in clinical social work and is a licensed Clinical Social Worker. The individual has additional documented specialized skill(s) by virtue of training/education, and has a minimum of 12 years professional social work experience. The individual acts independently directing/providing patient care.

Requested	Approved	
		Category III clinical privileges

PRIVILEGES

Requested	Approved		Requested	Approved	
		a. Perform inpatient and outpatient Social Work psychosocial assessment			(14) Sexual Assault
		(1) Individual			(15) Home Health Care Referrals
		(2) Group*			(16) Medical/Surgical
		(3) Marital*			(17) Substance Abuse*
		(4) Family*			
		(5) Child Abuse*			b. Provide inpatient and outpatient DSM diagnosis
		(6) Child Neglect			c. Perform command directed behavioral health evaluation
		(7) Spouse Abuse			
		(8) Elder Abuse			d. Provide inpatient and outpatient Social Work treatment
		(9) Child Sexual Abuse*			(1) Individual
		(10) Foster Care Assistance			(2) Group*
		(11) Respite Care Assistance			(3) Marital*
		(12) Adoption Assistance			(4) Family*
		(13) Nursing Home Placement Assistance			(5) Child Therapy*

PRIVILEGES *(Continued)*

Requested	Approved		Requested	Approved	
		(6) Adolescent Therapy*			e. Perform inpatient and outpatient Social Work case management
		(7) Child Sexual Abuse*			(1) Family Advocacy
		(8) Sexual Dysfunction*			(2) Discharge Planning
		(9) Substance Abuse*			(3) Outpatient SW
		(10) Sexual Offender (Pedophilia, Incest, Sexual Assault)			
					f. Other *(Specify)*

* 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).

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)*