DELINEATION OF CLINICAL PRIVILEGES - SUBSTANCE ABUSE REHABILITATION

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.

Limited privileges for patient care within the field of substance abuse for adults. Supervision or consultation is required for all complex cases. May direct patient care, subject to review. Has a 48-hour* Master of Social Work (MSW) degree or Master of Arts or Master of Science degree in Clinical Psychology or Counseling Psychology, plus practicum, from an accredited university, and has passed a licensing examination in Professional Counseling (LPC), or in Psychology (as a Psychology Associate or Psychologist) or in clinical social work. Has experience in substance abuse rehabilitation and is within 6 months of attaining substance abuse certification.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.

Privileges for patient care within the field of substance abuse for adults. Supervision required for all complex cases, but may perform patient care, subject to review. Has a 48-hour*MSW degree or Master of Arts or Master of Science in Counseling Psychology or Clinical Psychology, plus practicum, from an accredited university and is licensed, as in Category I. Is certified in chemical dependency counseling and has the equivalent of one year full-time experience in assessment, treatment planning/delivery, and after-care of adults with the diagnosis of substance abuse.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.

Full privileges for patient care of adults within the field of substance abuse. May act independently in directing patient care, but consultation will be sought for complex cases, especially with dual-diagnosis patients. Has a 48-hour* MSW degree or a Master of Arts or Master of Science degree in Clinical Psychology or Counseling Psychology, plus practicum, from an accredited educational institution, and has passed a state license examination as a social worker, psychology associate, or psychologist. May be appointed supervisor for Category I and II ASAP rehabilitation providers. With one-year program management experience, may perform all clinical director duties.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II, and III.

Full privileges for providing, directing, and supervising chemical dependency patient care. Serves as Clinical Director within the field of substance abuse. Has a 48-hour* MSW degree or Master of Arts or Master of Science degree in Clinical Psychology or Counseling Psychology, plus practicum, from an accredited institution and has passed an advanced license examination in clinical social work or in psychology. Has one year of satisfactory professional program management experience.

Requested	Approved	
		Category IV clinical privileges

Inpatient/Outpatient Intake Screening, Assessment, and Diagnosis

Requested	Approved		Requested	Approved	
		a. Intake Screening (Psychosocial History; S/A as Risk Factor)			f. Group Psychotherapy
					g. Marital Therapy
		b. Assessment; Provisional Diagnosis; Aftercare			h. Family Therapy
		c. Outpatient Treatment Planning and Implementation			i. Crisis Intervention
					j. Adolescent Therapy
		d. Inpatient Treatment Planning and Implementation			
		e. Individual Psychotherapy			

Therapies					
Requested	Approved		Requested	Approved	
		a. Cognitive-Behavioral Therapy			f. Psychodynamic Therapy
		b. Rational Emotive Therapy			g. Group Therapy
		c. Reality Therapy			h. Transactional Analysis
		d. Brief Therapy			
		e. Gestalt Therapy			
Consultation					
Requested	Approved		Requested	Approved	
		a. Command			d. Schools
		b. Community			
		c. Medical			

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)*