

Baylor Scott & White Texas Spine & Joint Hospital
Psychology
Delineation of Clinical Privileges

Name

Physician seeking Psychology privileges will have completed a Psychology residency program.

Please Check Privileges Requested:

_____ Psychological Evaluation
_____ Interview
_____ Therapy/Treatment
_____ Inpatient & Clinic Setting
_____ Other:

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Baylor Scott & White Texas Spine & Joint Hospital and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Applicants have the burden of producing information deemed adequate by Baylor Scott & White Texas Spine & Joint Hospital for a proper evaluation of current competence, other qualifications, and for resolving any doubts.

Signed: _____ Date: _____

Printed Name: _____