

# University of Utah Neuropsychiatric Institute

501 Chipeta Way Salt Lake City, Utah 84108 Phone (801) 583-2500

## **PRIVILEGE DELINEATION AND CRITERIA HOME PROGRAM LICENSED CLINICAL SOCIAL WORKER**

An applicant for appointment or reappointment to the Allied Mental Health Professional Staff may be considered for membership upon verified evidence of:

1. Graduation from an accredited graduate social worker degree program in the United States or Canada.
2. An unrestricted Utah Licensed Clinical Social Worker license.
3. Current Competence in all areas for which clinical privileges are requested as evidenced by:
  - At least two references attesting that the applicant possesses sound clinical judgement, requisite skills and a high order of knowledge about diagnosis, development of comprehensive treatment plans, and fundamental skills in the social work discipline.
  - Documented participation within the past three years in continuing education.

### **CHECK PROFESSIONAL STAFF CATEGORY REQUESTED:**

ALLIED MENTAL HEALTH PROFESSIONAL STAFF – LICENSED CLINICAL SOCIAL WORKER: Psychosocial screening, assessment, evaluation, treatment planning, and case management; preadmission and discharge planning, coordination and implementation; individual and group counseling and psychotherapy; patient and family education; professional consultation; continuity of care services; family conferences, counseling and therapy; home visits and evaluations; crisis intervention; outreach and case findings, including but not limited to HIV counseling, substance abuse treatment, domestic abuse treatment, sexual assault treatment, behavior modification, relaxation therapy / stress management, trauma counseling / treatment.

### **CHECK ALL SERVICE AREAS REQUESTED:**

- Adult (age 18 & over)  
 Adolescent (age 12-17)  
 Child (to age 11)

### **IN REQUESTING THESE PRIVILEGES, I HEREBY:**

1. State that I have read the Professional Staff Bylaws, Rules and Regulations and agree to abide by them;
2. Understand the initial or remedial supervisory requirements for the use of these privileges;
3. Accept responsibility for providing acceptable documentation of my competencies;
4. Agree to adhere to the ethics and principles of my profession, and participate in hospital performance improvement and peer review system.

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**LCSW**

\_\_\_\_\_  
**Discipline**

\_\_\_\_\_  
**Approved By**

\_\_\_\_\_  
**Date**

Approved 7/1/11

Please refer to the UNI Professional Staff Bylaws for category descriptions. <http://healthcare.utah.edu/uni/PDFs/bylaws.pdf>