

University of Utah Neuropsychiatric Institute

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

PRIVILEGE DELINEATION AND CRITERIA HOME PROGRAM NON-PSYCHIATRIST PHYSICIAN

An applicant for appointment or reappointment to the Professional Staff as a Non-Psychiatrist Physician may be considered for membership upon verified evidence of:

1. Graduation from an accredited medical school in the United States, Canada or an international medical school only if listed by the World Health Organization.
2. An unrestricted license to practice medicine in the State of Utah.
3. Successful completion of training in an ACGME accredited program in family medicine, internal medicine, pediatrics, neurology, anesthesiology, or other related field.
4. Board Certified, or completion of board certification within 5 years of hire date.
5. Acceptance of an appointment to the Regular or Volunteer Clinical Faculty of the University of Utah School of Medicine.
6. 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 judgment, requisite skills and a high order of knowledge about diagnosis, development of comprehensive treatment plans, fundamental skills in pharmacology care, prevention of psychiatric disorders and the common medical and neurological disorders relating to the population served in the HOME Program.
 - Documented participation within the past three years in continuing education activities approved by the American Medical Association Council for Continuing Medical Education or American Osteopathic Association approved continuing medical education.

Clinical Privileges

Outpatient: History, Mental Status and Physical Examination; Patient Care Orders;
Treatment Planning; Basic and Emergency Medical Care; Pharmacologic Care; Preventive Care
and Management of Long Term Care Services inclusive of End of Life when appropriate. **Area of
Specialty:**

- 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

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>