

# ***University of Utah Neuropsychiatric Institute***

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

## **PRIVILEGE DELINEATIONS AND CRITERIA**

### **HOME PROGRAM PHYSICIAN ASSISTANT**

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 physician assistant program in the United States or Canada.
2. An unrestricted Utah physician assistant license and Utah controlled substance license.
3. Unrestricted DEA certificate.
4. Current board certification by the National Commission on Certification of Physician Assistants.
5. 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 the physician assistant discipline.
  - Documented participation within the past three years in continuing education.

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

ALLIED MENTAL HEALTH PROFESSIONAL STAFF – PHYSICIAN ASSISTANT: Obtain and document pertinent patient/family histories; perform and document physical examination; establish baseline initial and subsequent diagnoses; assess family psychosocial needs related to short term and long term diagnoses; plan, order, implement and follow-up appropriate treatment and care in accordance with professional standards and in accordance with physician assistant’s delegation of services agreement.

#### **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**

\_\_\_\_\_  
**Physician Assistant  
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>