

APPLICATION INSTRUCTIONS

PLEASE READ THESE APPLICATION INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

- The information requested in this application relates to the terms and scope of your activities as a psychologist with hospital staff membership. These forms are designed to assist the National Register in determining whether your affiliation with the medical facility you have identified satisfies the Criteria for Hospital Staff Membership designation. Once designated for with HSM status, your name can be produced in a search of the Online Searchable Database (OSD).
- Please read carefully the Definition of a Hospital Staff Member and the Criteria for Hospital Staff Membership Designation before completing this application.
- Answer all questions.
- Once you have completed this application, please send the following materials to the National Register office:
 - (1) A completed and signed Applicant Questionnaire;
 - (2) The completed and signed Appointment Confirmation and Delineated Privileges forms;
 - (3) A current copy of the medical/professional staff bylaws.
- The applicant is responsible for forwarding the Appointment Confirmation and Delineated Privileges Forms to the appropriate persons, for assuring the completion and return of the forms to the National Register, and for assuring that any additional information/clarification is provided if requested during the review process. Once all information is received and reviewed, a response will be sent by email. All three forms must be received before a review takes place.
- All information that you provide will be used only by the National Register for the purposes of verifying and evaluating the extent to which you fulfill the Criteria for Hospital Staff Membership Designation.

PLEASE SEND ALL APPLICATION MATERIALS AT THE SAME TIME TO:

The National Register of Health Service Providers in Psychology
1120 G Street, NW, Suite 330
Washington, DC 20005



HOSPITAL STAFF MEMBERSHIP GUIDELINES AND GENERAL INFORMATION

Approval and Publication of Hospital Staff Membership Designation

The approval of an application for Hospital Staff Membership (HSM) designation requires the receipt of all application materials. The Hospital Staff Membership Designation is denoted with **HSM** in the alphabetical listings of all Registrants approved for HSM and listed on the OSD.

Definition of a Hospital Staff Member

The National Register uses the Commission on Accreditation of Rehabilitation Facilities (CARF) guidelines and the JCAHO definition of a hospital staff member as standards for assessing the appointments of applicants. JCAHO defines a hospital staff member as "any individual who is permitted by law and who is also permitted by the hospital to provide patient care services independently."

Criteria for Hospital Staff Membership Designation

- Currently credentialing by the National Register of Health Service Providers in Psychology and submission of a complete Hospital Staff Membership application;
- Current appointment to a medical/professional staff at a medical, psychiatric, substance abuse, or rehabilitation facility;
- Status which reflects the authorization to administer patient care, independently or under supervision;
- Primary responsibilities must be patient care and not teaching or research.

National Register Policy on Multiple Appointments

The National Register permits a **maximum of three appointments** to be listed on the OSD per Registrant. One appointment is sufficient to add the **HSM** designation to a Registrant's listing; however, if a Registrant currently holds privileges at more than one facility, it is his/her prerogative to submit materials for up to three appointments. **Each appointment submitted for review requires a complete application and is reviewed independently.**

The National Register of Health Service Providers in Psychology
1120 G Street, NW • Suite 330 • Washington, DC 20005
Tel. (202) 783-7663 • Fax (202) 347-0550

Hospital Staff Membership

APPLICANT QUESTIONNAIRE To Be Completed By The Applicant

Name _____ _____
Street Address _____ _____
City/State-Province- Territory _____
Zip or Postal Code _____

Facilities To Be Reviewed

Please complete this form for the facility at which you currently hold privileges. If you hold privileges at more than one facility, read the National Register policy on multiple appointments before completing the remainder of this form. If you are applying to list privileges at multiple hospitals, please copy and complete this page for each appointment

1. Name of Facility _____ Public or Private
Address _____
City/State/Province/Territory _____
Zip/Postal Code _____
Website Address _____
Credentialing Officer _____ Phone # _____

Type of Facility (check one):

- General Medical/Surgical
- Specialized Psychiatric or Substance Abuse Hospital
- Military Facility
- Rehabilitation Facility
- Other _____

Do you know of any incident, circumstance, or charge which may be likely to result in adverse action with respect to any of your current staff privileges at the above facility?

No Yes If yes, please describe on a separate page.

ATTESTATION STATEMENT

I HEREBY AFFIRM THAT:

- (1) THE FOREGOING IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEGE AND BELIEF AND,**
- (2) I WILL PROMPTLY ADVISE THE NATIONAL REGISTER IN WRITING IF AT ANY TIME THERE IS A MATERIAL CHANGE IN THE PRECEDING INFORMATION**

Registrant Signature_____ **Date**_____

HOSPITAL STAFF MEMBERSHIP

DELINEATED PRIVILEGES CONFIRMATION FORM

To Be Completed By A Medical/Professional Staff Credentialing Officer

The above named individual has applied to document his/her affiliation with your facility in the Hospital Staff Membership section of the National Register's Online Searchable Database.

This document is designed to identify those delineated privileges that have been granted specifically to the above named individual. Please check any and all privileges which this psychologist has been granted to perform within your facility. If some privileges are not indicated on this form, please identify them in the spaces designated "OTHER".

Psychologist's

Name _____

Admitting/Discharge

- (I) Independent
- (C) Co-Admission/Discharge
- (N) Cannot Admit/Discharge

Attending

- (I) Independent
- (S) Supervised

Medical Record/Orders

- (I) Writes routine or standing orders independently
- (E) Writes entries in the medical record
- (T) Writes and/or initiates verbal and/or telephone orders of sponsoring physician
- (P) Writes routine or standing orders under the direction of the sponsoring physician and/or clinical department protocol specific to psychology
- (O) OTHER

Ages Served

- (E) All Ages
- OR**
- (I) Infant (0-2)
 - (C) Children (3-12)
 - (T) Adolescents (13-17)
 - (A) Adults (18-64)
 - (G) Geriatric (65 and older)

Psychological Testing/Assessment

- (K) Clinical Intake
- (M) Mental Status Exam
- (I) Intellectual Testing
- (P) Personality Testing
- (E) Psychoeducational Testing
- (O) OTHER:
- (C) Chemical Dependency/Abuse Evaluation
- (N) Clinical Neuropsychological Assessment
- (B) Social/Behavioral Evaluation
- (R) Rehabilitation Evaluation
- (S) Sexual Dysfunction Evaluation

Psychotherapy/Intervention

- (I) Individual
- (G) Group
- (F) Family
- (P) Pain Management
- (X) Stress Management
- (D) Medical Consultation

- (T) Couples
- (Z) Biofeedback/Relaxation
- (E) Eating Disorders Treatment
- (C) Chemical Dependency/Abuse Treatment
- (H) Hypnosis
- (R) Rehabilitation Intervention
- (N) Clinical Neuropsych. Rehab Therapy
- (B) Behavioral Therapy
- (S) Sexual Dysfunction Therapy
- (O) OTHER:

Are there any limitations imposed on the above privileges? No Yes

If yes, please describe on a separate page.

Credentialing Officer: The National Register requires the signature of a credentialing officer on the appointment confirmation and delineated privileges forms. This individual may be known under a variety of titles including, but not limited to medical/professional staff coordinator, medical/professional staff secretary, medical/professional credentialing officer or secretary.

Attestation Statement

I hereby attest that all of the above information is true and correct to the best of my knowledge.

Printed Name of Credentialing Officer _____

Department/Staff _____

Phone number (_____) _____ FAX number (_____) _____

Email Address _____

Signature _____ Date _____

We appreciate your cooperation in this application review process for Hospital Staff Membership listing in the National Register.

HOSPITAL STAFF MEMBERSHIP

APPOINTMENT CONFIRMATION FORM

To Be Completed By A Medical/Professional Staff Credentialing Officer

Psychologist's Name _____ Hospital Name/Location _____

The above named person has applied to list his/her affiliation with your facility within the Hospital Staff Membership section of the National Register Online Searchable Database.

This document is designed to confirm that the above named individual is currently on staff and is authorized to treat patients within this facility. Please read the instructions for each section and the definition of terms below before completing this form. If you have any questions, contact the National Register at the telephone number printed above. When you have completed the form, please submit it (along with a copy of the medical/professional staff bylaws) to the National Register at the above address. The application cannot be processed until this form and the bylaws are received.

PSYCHOLOGIST'S STAFF STATUS

Staff structure varies greatly from facility to facility. Consequently, the terminology used to define and describe the appointments of psychologists within medical facilities varies as well. Please use the terms used within your facility and outlined within the medical/professional staff bylaws. If these terms are not listed in the appropriate section, please select "OTHER" and write in the term.

Staff and Category (see **Definitions of Terms** on next page)

Staff: (select ONE)

- Allied Health Prof
- Medical
- Professional
- OTHER _____

Pg. of bylaws _____

Category: (select ONE)

- Active
- Associate
- Consulting
- Psychology
- Allied Health Prof
- Ancillary
- Independent
- Dependent
- OTHER _____

Pg. of bylaws _____

Status: (select ONE)

- Active
- Limited
- Full
- OTHER _____

Pg. of bylaws _____

Send a copy of the medical/professional staff bylaws. *If sending a partial copy, the section relevant to the psychologist's staff appointment is needed (e.g. allied health professional or medical staff qualifications including category descriptions, definition pages, etc.). The bylaws are used for the express purpose of identifying the staff to which psychologists are appointed. They are kept on file for the application reviews of other psychologists from your facility and are not disclosed or sent to any individual or organization.*

Term of the Appointment (dates below should include **at least month/year**)

The beginning date of the **current** appointment _____

The **upcoming** renewal/reappointment date of this appointment: _____

Staff appointments are reviewed (check one):

Annually Biennially OTHER _____

Have staff privileges ever been restricted or removed? No Yes If yes, please describe on a separate page.

Are you aware of anything that would prevent this psychologist from practicing effectively? No Yes If yes, please describe on a separate page.

Definition of Terms

Staff: Staff refers to the department or staff within the medical facility under whose rules and regulations the appointed psychologist functions. Commonly, privileged psychologists are governed by medical/professional staffs including, but not limited to, the Medical Staff, Professional Staff, Allied Health Professional Staff, etc. The psychologist is usually granted privileges by the governing board of this staff and functions according to the rules and regulations outlined in the staff bylaws.

Category: Category refers to the specific sub-staff or group which defines and monitors the scope of the psychologist's activities within the medical facility. Commonly, privileged psychologists are appointed to categories including, but not limited to, Attending, Consulting, Courtesy, Allied Health Practitioner, Ancillary, or Psychology. These terms vary greatly from facility to facility and are defined within the medical/professional staff bylaws. They provide specific information regarding the criteria for the appointment of psychologists and describe the scope of their activities within the medical facility.

Status: Status generally refers to the level at which an individual functions within the medical facility. This "level" may refer to the extent of privileges, to the number of patients the individual admits or attends a year, and his/her voting privileges. Terms defining status vary greatly from facility to facility and commonly include, but are not limited to, Active, Independent, Limited, or Full. These terms are clearly defined within the medical/professional staff bylaws.

Credentialing Officer: The National Register requires the signature of a credentialing officer on the appointment confirmation and delineated privileges forms. This individual may be known under a variety of titles including, but not limited to medical/professional staff coordinator, medical/professional staff secretary, medical/professional credentialing officer or secretary.

Attestation Statement

I hereby attest that all of the above information is true and correct to the best of my knowledge.

Printed Name of Credentialing Officer _____

Department/Staff _____

Phone number _____ FAX number _____

Signature _____ **Date** _____

We appreciate your cooperation in this application review process for Hospital Staff Membership listing in the National Register.

