

**PACIFIC HOSPITAL OF LONG BEACH**  
**DELINEATION OF PRIVILEGES**  
**Department of Medicine/Family Practice**  
*Psychology*

Name of Applicant: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

**QUALIFICATIONS/CRITERIA**

Description: Licensure as a psychologist in California. Ph.D./PsyD In psychology or clinical psychology from an American Psychological Association approved program. Completion of a Ph.D./PsyD program in neuropsychology or completion of a postdoctoral fellowship in neuropsychology or equivalent experience. Documentation of current clinical competence.

Name: \_\_\_\_\_

**Pacific Hospital of Long Beach**  
*Psychology privilege form*

<b><i>Requested</i></b>	<b><i>Usual and Customary Privileges</i></b>	<b><i>Granted</i></b>	<b><i>Special Conditions</i></b>
	Admitting privileges		
	Psychological evaluation		
	Individual/Family /Group counseling		
	Psychological testing and evaluation		
	Psychological consultation and evaluation		

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

\_\_\_\_\_  
 Date

**APPROVALS:**

Exceptions/limitations: \_\_\_\_\_

\_\_\_\_\_  
 Service Chief/Division Chief of Medicine/Family Practice

\_\_\_\_\_  
 Date

Interdisciplinary Practice Committee approval on: \_\_\_\_\_

Medical Executive Committee approved on: \_\_\_\_\_

Board of Directors approved on: \_\_\_\_\_

Name: \_\_\_\_\_