

University of Utah Hospital and Clinics
Psychiatry
DELINEATION OF PRIVILEGES
PRIVILEGES REQUEST FORM

SPECIFIC PRIVILEGES

Please check all that apply to your scope of practice.

I. General Privileges

- General Inpatient Clinical Privileges Customary to the Practice of Psychiatry
 General Outpatient Clinical Privileges Customary to the Practice of Psychiatry

II. Specific Privileges

Specialized Areas

1. Electroconvulsive Therapy
 2. Amytal Treatment
 3. Hypnotherapy
 4. Behavior Modification
 5. Biofeedback
 6. Sexual Therapy
 7. Other – Specify: _____

Area of Specialty

1. Child Psychiatry
 2. Psychoanalysis
 3. Forensic Psychiatry
 4. Geriatric Psychiatry
 5. Other-Specify: _____

SIGNATURES AND RECOMMENDATIONS

Applicant Signature DATE

Department Head DATE

Chair, Medical Board DATE

Chair, Governing Body DATE