

NOTE: This document has been adopted by the COUNCIL OF REPRESENTATIVES on August 18, 1991 as an official policy of the American Psychological Association.

Board of Professional Affairs' Task Force on Hospital Privileges

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**GUIDELINES ON HOSPITAL PRIVILEGES:
CREDENTIALING AND BYLAWS**

September 1991

I. GUIDELINES FOR TRAINING AND EXPERIENCE

This section on pre- and postdoctoral training of psychologists has been conceptualized to provide guidelines regarding the desirable training necessary for hospital practice. It will identify appropriate training experience only for doctorally trained licensed psychologists; it is not an attempt to address this issue relative to other disciplines. Basic training connotes achievement or fulfillment of relevant training or experience deemed necessary for practice in the hospital. It is the policy of the American Psychological Association that privileges should be granted and assigned on the basis of each individual psychologist's documented training and/or experience, demonstrated abilities, and current competence. The privileges granted or assigned to each psychologist should be based on his/her respective qualifications.

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 2

The following discussion contains guidelines only. They are intended to help hospitals, medical staffs, psychologists, and other responsible individuals and organizations foster quality patient care by assuring the qualifications of psychologists engaged in hospital patient care activities. They are subject to the limitations noted and are provided solely for informational purposes. A decision to use the guidelines does not abrogate the responsibility of the organization using them to determine individual psychologists' qualifications. If employed, the guidelines are intended to be applied on a case-by-case basis in the context of defined privilege delineation and peer review processes.

It is recommended that credentialing criteria and processes be adopted and maintained in a manner that is sensitive to the needs and aspirations of affected groups within the hospital's community, including ethnic minority applicants and patient populations that may be vulnerable and face difficulty in obtaining access to quality care. Guidelines should neither be adopted or applied in a manner that discriminates on the basis of race, sex, religion, national origin, ancestry, disability, or any pernicious categorization.

A. Predoctoral Experience

Predoctoral training guidelines include training in (a) the biological basis of behavior (physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology, or some combination of these); (b) the cognitive-affective bases of behavior (learning, thinking, motivation, emotion, or some combination of these); (c) the social bases of behavior (social psychology, group processes, organizational, systems theory, or some combination of these); and (d) individual behavior (personality theory, human development, abnormal psychology, or some combination of these).^{1/} Predoctoral educational training is obtained in a regionally accredited program granting the doctoral degree in psychology.

In addition to these content areas, instruction in scientific and professional ethics and guidelines, in research design and methodology that includes single-case study, and in statistics and psychological assessment are required. (For further discussion, see Education and Credentialing in

^{1/} Please note that these basic training guidelines reflect only the current levels in the field. Additionally, with regard to suggested guidelines that are dated (e.g. the Education and Credentialing in Psychology, May 1977), doctoral degrees issued prior to such dates should be reviewed on a case-by-case basis.

Psychology: Proposal for a National Commission on Education and Credentialing in Psychology, May 1977.)

Consistent with a state license to practice at the independent level, a predoctoral internship in a health care setting is required. Beginning with students matriculating after 1995, guidelines will include a predoctoral internship in an accredited (e.g., JCAHO, CARF, state, etc.) health care setting encompassing the minimum number of hours required for a state license to practice at the independent level. After this date either the doctoral degree or the internship should be from a program accredited by the American Psychological Association.^{2/}

Candidates not meeting one or more of the above guideline criteria may seek to demonstrate qualification on the basis of alternative training. Their qualifications should be assessed on a case-by-case basis.

For the granting of hospital privileges, it is desirable to have instruction or training (or both) in the professional practice of psychology in a hospital setting. Such training would provide instruction in many pertinent fields, including the

^{2/} Excluded from this criterion are psychologists who were out of their training programs prior to May 1977 and are providing professional services in hospitals.

organization of a hospital, medical and legal issues, psychology and the law, and the classification of disease. Instruction in both human pharmacology and the appropriate use of pharmacological interventions as a part of overall treatment planning is also desirable, as is experience in an in-patient setting and experience in treatment evaluation with single-case designs. Such instruction or training may be obtained as part of the graduate training program, the predoctoral or post-doctoral experience, grand rounds, continuing education, or other appropriate methods.

B. Postdoctoral Experience

In this context, postdoctoral experiences are considered those completed after the awarding of the doctoral degree. Psychologists must be licensed at the independent practice level in the state or jurisdiction where practice is to be conducted. Usually this includes supervised clinical practice (typically for a one-year period after receipt of the doctorate) prior to licensure. Additional basic guidelines include any continuing educational activity mandated by state or applicable law for the maintenance of the psychologist's license.

At least one year of supervised experience in a health care setting with an inpatient component is desirable. Continuing

educational experience relevant to a health care setting is also desirable. Board certification in appropriate specialties may also be desirable.

II. GUIDELINES IN THE WRITING OR REVISION OF HOSPITAL MEDICAL STAFF BYLAWS

A. Overview

This section will identify key portions of hospital medical staff bylaws for privileging that can be adapted to provide for appropriate practice by psychologists in the hospital setting.

Affording medical staff voting privileges to psychologists and delineating the scope of their clinical privileges foster integration of psychologists' delivery of health care to patients into the comprehensive health care program of the hospital setting and promote effective communication among health care professionals. The bounds of credentialing reviews and privilege determinations for psychologists are influenced by:

- o state and federal statutes, regulations, and administrative rulings, including both health care-specific provisions and laws of general applicability, such as the antitrust laws;
- o hospital medical staff bylaws; and

- o qualifications of the individual psychologists.

Although they vary, state statutes can specify the training that allows practitioners to provide services independently. State statutes can also specify the composition of the medical staff of hospitals. Moreover, the statutes may require, enable, prohibit, or be silent on membership of psychologists on the hospital medical staff. They may also address necessary qualifications for delivery of patient care to patients in an inpatient hospital setting.

Hospital medical staff bylaws specify the authority, purpose, structure, and functioning of the hospital's medical staff consistent with state licensing statutes. The bylaws are also subject to oversight bodies such as the Joint Commission on Accreditation of HealthCare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF).

B. Medical Staff Membership

The Joint Commission on Accreditation of Healthcare Organizations Accreditation Manual for Hospitals (1991) requires that there be "a single organized medical staff that has overall responsibility for the quality of the professional services provided by individuals with clinical privileges, as well as the

responsibility of accounting therefore to the governing body" (p.109).^{3/} Members of the medical staff function independently in the hospital, render services within the scope of their licenses and assigned clinical privileges, and serve in the governance structure. Categories of staff other than full member of the medical staff may exist, with a designation such as Allied Health, Affiliate, or Ancillary staff.

There are generally two self-governance responsibilities afforded to the hospital medical staff by the governing body of the hospital:

- o to monitor and evaluate the quality of patient care; and
- o to develop rules, regulations, and policies regarding medical staff membership and the granting, delineating, and renewal of clinical privileges, which are patient care responsibilities afforded to individual practitioners.

By including psychologists within the medical staff, hospitals provide for independent practice by psychologists and their participation in the medical staff's self-governance responsibilities. This enhances the hospital's capacity to

^{3/} Some hospitals maintain a "professional staff," rather than a "medical staff." For convenience, we will use the term medical staff.

utilize psychologists to the maximum benefit of the institution and its patients.

Since 1986, JCAHO standards have allowed psychologists to be members of the medical staffs of hospitals if they are permitted both by law and by the hospital to provide patient care services independently in the hospital.

Additionally, the JCAHO standards require that the bylaws of the hospital describe the organization of the medical staff, including categories of the medical staff if these exist, and the criteria for membership. Categories of the medical staff typically include, but are not limited to, Active, Attending Consultant, Courtesy, Associate, Temporary, and Honorary or Emeritus. The prerogatives of each category of the medical staff are designated in terms of voting, committee, or office membership and of clinical privileges. Hospital medical staff bylaws specify the staff categories available to an applicant and the clinical privileges available within each category. The granting of delimited clinical privileges is a separate process from that of designating a staff category. Specific clinical privileges must be designated for each member of the medical staff as well as each practitioner providing services in the hospital independent of staff category.

Typically, the medical staff is also organized by department, by clinical service, or by both. In this situation, the exercise of clinical privileges within any department or service is subject to the rules and regulations of that department or service, under the overall purview of the medical staff and the hospital. Each department or service delineates the specific privileges related to that department or service and develops criteria for recommending privileges.

C. Model Language That Can Be Used in Hospital Medical Staff Bylaws

1. Medical Staff [the categories of the medical staff must be defined.] The Medical Staff will consist of Active, Consulting, etc.

2. Active Medical Staff [the prerogatives and criteria must be defined.] The Active Medical Staff will be comprised of physicians, dentists, and psychologists [or other health care practitioners] who have a currently valid and unrestricted license to practice in the state of _____.

Only members of the Active Medical Staff will be eligible to vote or hold office.

Only members of the Active Medical Staff will have [specify category] clinical privileges.

3. Consulting Medical Staff

The Consulting Medical Staff will consist of physicians, dentists, and psychologists (or other doctoral-level health care practitioners) who have a currently valid and unrestricted license to practice in the state of _____.

Members of the Consulting Medical Staff will have [specify category] privileges. They will not be able to hold office or to vote.

4. Clinical Privileges

Clinical Privileges are specific patient care responsibilities afforded to an individual practitioner. Within the framework of medical staff processes, psychologists should play an active role in:

- o delineating clinical privileges,
- o specifying criteria necessary for privileges,
- o reviewing credentials,
- o recommending specific privileges for psychologists functioning within the hospital,
- o specifying criteria for renewal of privileges, and

- o participating in the renewal of privileges for psychologists functioning in the hospital.

They should participate in these activities for non-psychologist practitioners to the extent appropriate and consistent with the medical staff's departmental and clinical service organization.

5. Delineating Clinical Privileges

The governing body of the hospital is an organized body, or designated persons so functioning, that is responsible for establishing policy, maintaining quality patient care, and providing for institutional management and planning. The governing body adopts hospital bylaws and approves the medical staff bylaws in accordance with the governing body's legal accountability and its responsibility to the patient populations served. Moreover, there is a single organized medical staff that has overall responsibility for the quality of the professional services provided by individuals with clinical privileges as well as responsibility of accounting therefore to the governing body. There is a mechanism to show that all individuals with clinical privileges provide services within the scope of individual clinical privileges granted. Additionally, the medical staff executive committee is responsible for making recommendations directly to the governing body for its approval.

The process for delineation and for renewal of clinical privileges is described in the hospital medical staff bylaws. Professional criteria specified in the bylaws and uniformly applied to all applicants constitute the basis for the granting of clinical privileges. JCAHO standards require that the granting of clinical privileges be based on the individual's demonstrated current competence.

JCAHO standards also require that when there are categories of privileges, the scope of each level is well defined and that the standards to be met are stated clearly. Any limitations on the individual's privileges to admit and to treat patients or to direct the course of treatment are also to be specified. JCAHO standards further require that when nonphysician members of the medical staff are granted privileges to admit patients, a provision is made for the prompt medical evaluation of these patients by a qualified physician.

6. Model Language Regarding Clinical Privileges for
Psychologists

[The delineation of clinical privileges needs to address patient management functions and responsibilities such as the admission and discharging of patients and order writing. The delineation of privileges also needs to address health care

services and responsibilities. For psychologists, this will mean the provision of psychological services. Moreover, psychological services will need to be defined. This can be accomplished by formulating a definition that includes the functions of assessment, consultation, diagnosis, and treatment. If the state law includes a definition of psychological services, that definition could be adopted.] (For an example of actual language that could be used, see Appendix A.)

III. CREDENTIALS REVIEW

The review of the credentials of psychologists who are either applying for medical staff membership or requesting renewal of privileges has sometimes been haphazard and non-uniform in hospitals. The credentials of psychologists have often been reviewed and recommended for denial by hospital medical staff committees having no psychologist members and little familiarity with psychological training and practice. In order to ensure both excellence in the delivery of psychological services to hospitalized patients and fairness in the review of the credentials of psychologists in hospital-based practice, the APA has developed these guidelines.

Rapidly changing health care delivery systems have dramatically altered both the demands and the traditional roles

of professional psychologists. The medical staff standards adopted by JCAHO allow psychologists to practice independently in acute care hospitals, child, adolescent, and adult psychiatric facilities and in alcohol and drug abuse facilities. With the privilege to practice independently in these facilities comes the responsibility to ensure quality care in hospital settings. Psychologists, then, should play a major role in ensuring quality care and should participate in orderly, systematic review of psychologists' credentials.

A. Qualifications

Clinical privileges are based on professional criteria that are uniformly applied to all applicants. If there are different categories of privileges, the criteria for each category need to be specified. The basic criteria for psychologists should include:

- o a doctoral degree from a regionally accredited program training psychologists which meets the criteria outlined in the section of these guidelines entitled "Guidelines for Training and Experience" ^{4/}

^{4/} Excluded from this qualification are psychologists who were out of their training programs prior to May 1977, and who are providing professional services in hospitals.

- o appropriate state licensure at the independent practice level in the state of practice; and
- o other specific training and experience as outlined in the section of these guidelines entitled "Guidelines for Training and Experience."

Furthermore, specialized clinical privileges, such as biofeedback, neuropsychological assessment, child assessment and treatment require evidence of the specialized skills and training needed for competency in the specialized areas.

B. Renewal of Clinical Privileges

Renewal of clinical privileges is based on reappraisal of the individual at the time of reappointment. The results of quality assurance activities and other reasonable indicators of continuing qualifications, as well as peer and departmental recommendations, are included in the reappraisal. Participation in continuing education activities that relate to the privileges granted may also be considered.

C. Delineation, Credential Review and Renewal Processes

These processes are among the self-governance responsibilities afforded to the hospital medical staff. As members of an independent autonomous profession, psychologists should participate in self-governance responsibilities and should be voting members of the medical staff.

Within the organizational structure of a particular institution, psychologists should participate in the hospital and in the department or clinical service processes that have the responsibility for delineating privileges, reviewing credentials, and renewing privileges. The specific mechanism that is used to involve the psychologists will necessarily vary from one hospital to another. What is essential is that psychologists actively participate with their colleagues from medicine and other disciplines in these processes as they pertain to psychologists.

Finally, the role of psychologists on the medical staff includes participation in the development of policies and procedures for sanctioning psychologist members of the medical staff who do not follow the medical staff rules and regulations or bylaws. Criteria for imposing sanctions should be consistent with policy as found in the Ethical Principles of Psychologists (APA, 1981, as amended) and the General Guidelines for Providers

of Psychological Services (APA, 1987). Due process must be ensured, and all procedures must conform with written hospital policy, medical staff bylaws, and the applicable state and federal statutes.

IV. GLOSSARY

Basic:

A qualifier and considered the level of qualifications generally acceptable for practice on an independent level in a hospital.

Board of Trustees:

The governing body of the hospital made up of elected or appointed positions, usually not including medical staff members.

Credentials:

Documents that support a practitioner's training, supervision, and experience. Such materials are used to determine specific staff categories and clinical privileges.

Credentials Committee:

A bona fide standing committee of the medical staff charged with reviewing the credentials of practitioners requesting medical staff membership and

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 19

continuation of medical staff
privileges.

- Department:** The recognition of members of the medical staff organized according to specialty, training, or specific activity within the hospital.
- Division:** Specialized subsets of departments of a hospital
- Executive Committee:** The governing body of the medical staff made up of elected officials and official members of the medical staff charged with assuring quality health care in the hospital.
- Hospital Privileges:** The specific patient-related activities that a practitioner performs in the hospital in conformance with license, experience, training, and customary practice. Such privileges may be diagnosis, assessment, treatment, writing orders, admission and discharge, and/or consultative.

Licensed Psychologist: Doctoral level psychologist duly
licensed or certified by the state at
the level of independent practice.

Medical Staff: A formal organization of practitioners
with the delegated responsibility and
authority to maintain proper standards
of hospital care and to plan for
continued betterment of that care. This
organization should include
psychologists, physicians, and other
qualified professionals.

Medical Staff Bylaws: A formal document that describes how the
practitioners of a given hospital are
organized; the bylaws of the hospital to
describe the operation of the facility
and the activities of the staff. There
is usually a bylaw committee that
continually reviews and recommends
updating these principles and
structures. The bylaws include the
description of staff categories and the
processes for application review and
appointment of practitioners.

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 21

Medical Staff Category: The designation indicating the level of responsibility and privilege of a practitioner in the hospital (e.g., active, consulting, affiliate, etc.).

Medical Staff Committee: Designated group of medical staff members assigned tasks to promote quality health care and organizational maintenance.

Service: Defines a functional division of professional activity within a hospital (e.g., psychology, surgery, psychiatry, and pediatrics).

Training: Formal instruction (didactic and applied), both pre- and post-doctoral in the specialty of a specific profession.

Appendix

Hospital

This form is to be used by all psychologists requesting privileges.

Definition: Psychology is the clinical discipline that involves a provision of diagnostic, assessment, treatment planning, treatment, prevention, and consultative services to patients of the emergency room, inpatient units, and clinics of _____ hospital. Psychological services are defined but not limited to the application of psychological principles and procedures for the purpose of understanding, predicting, or influencing behavior of individuals. The application of psychological principles in the hospital setting includes but is not restricted to: interviewing, psychotherapy, behavior therapy, biofeedback, hypnosis, administering and interpreting instruments (psychological tests) for the diagnosis, assessment, amelioration and prevention of physical and mental disorders, and the promotion and maintenance of health.

With reference to the definition above, I hereby request the following specific clinical privileges:

Patient management privileges -

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 23

- admit patients
- discharge patients
- provide, coordinate and evaluate psychological
care
- write and sign treatment plans
- write orders for medical, consultation, and other
nonmedical services as needed
- supervise staff and trainees
- enter consultation notes on charts
- other, as appropriate

Clinical assessment privileges

- behavioral assessment
- biobehavioral and psychophysiological assessment
- neuropsychological examination
- mental status examination
- intellectual assessment
- personality assessment
- forensic assessment
- psychoeducational assessment
- vocational assessment
- other, as appropriate

Clinical treatment privileges

- individual psychotherapy
- group psychotherapy
- family psychotherapy
- behavior modification
- hypnosis
- biofeedback
- emergency room care/crisis intervention
- pain management
- rehabilitation services
- other, as appropriate

Consulting privileges

- consultation liaison to other services, as needed
- professional development services within the
facility
- program planning and evaluation

- o signature
- o date of signature

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 25

HOSPITAL
APPLICATION FOR PROVISIONAL CLINICAL PRIVILEGES
AND MEDICAL STAFF MEMBERSHIP FOR PSYCHOLOGISTS

Please Type or Print Neatly

NAME

Last First Middle (Maiden)

CURRENT

Street

City State Zip Code

TELEPHONE

Office Home

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 26

BIRTH _____/____/____
Date of Birth Birthplace Date

POST-/SECONDARY EDUCATION

1) _____/____/____
Name of Institution Degree Field/Specialty Area of Degree Date

2) _____/____/____
Name of Institution Degree Field/Specialty Area of Degree Date

3) _____/____/____
Name of Institution Degree Field/Specialty Area of Degree Date

TRAINING

Internship: _____/____/____ From _____/____/____ To _____/____/____
Name of Institution Dates

Postdoctoral Fellowship: _____/____/____ From _____/____/____ To _____/____/____
Name of Institution Dates

Respecialization: _____/____/____ From _____/____/____ To _____/____/____
Name of Institution Dates

LICENSURE and
CERTIFICATION

Licensure by the State: _____

Psychologist License Number _____ Date _____/____/____

Date Renewed _____/____/____

American Board of Professional Psychology:

Field/Specialty Area _____^s Diploma Number _____ Date _____/____/____

National Register of Health Service Providers in Psychology or Equivalent

Certificate Number _____ Date _____/____/____

Application Pending _____ Date of Application _____/____/____

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 27

IF YOUR ANSWER TO ANY OF THE QUESTIONS IS YES, PLEASE GIVE FULL DETAILS
BELOW OR ON A SEPARATE SHEET OF PAPER.

Has your license to practice psychology in any jurisdiction been limited, suspended, or revoked? Yes__ No__

Have you been denied appointment or renewal thereof, or been subject to disciplinary action by any hospital, professional organization, or military service? Yes__ No__

Have your privileges at any hospital ever been suspended, restricted, diminished, revoked or not renewed? Yes__ No__

Has your specialty board status been suspended, restricted, diminished, revoked, or not renewed? Yes__ No__

Has your faculty membership in any medical or other professional school ever been subject to disciplinary action or not renewed? Yes__ No__

Have you been convicted of any crime (felony or misdemeanor) during the past ten years? Yes__ No__

Do you have any physical or mental condition, or substance usage that might limit your ability to exercise the requested clinical privileges? Yes__ No__

Have you been hospitalized in the past ten years? Yes__ No__

Have you ever had a professional liability or malpractice claim brought against you that was settled or resolved prior to the initiation of a lawsuit and that involved the payment of funds? Yes__ No__

Have you ever had a lawsuit filed against you alleging fraud, professional liability, or medical malpractice? Yes__ No__

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 28

**LIABILITY
INSURANCE**

Insurance carrier (current)

Expiration Date

Address

City

State

Zip Code

Policy Number

Agent Number

Amount of Coverage

Application Pending

Date Applied

Insurance carrier(s) within the past five years:

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 29

**CLINICAL
PRIVILEGES**

The requested provisional clinical privileges are delineated on the enclosed form.

Applicant's authorization and statement of understanding and agreement

For the exercise of the requested clinical privileges, I hereby authorize _____ Hospital, its medical staff, and its representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, character, and ethical qualifications. I also consent to the inspection by _____ Hospital, its medical staff, and its representatives of records and documents that may be material to and evaluation of my qualifications for staff membership. I hereby release from liability any and all individuals and organizations who provide information to _____ Hospital or its medical staff, and I hereby consent to their release of such information.

I understand that the requested clinical privileges, if granted, will be considered to be provisional for a period of one year. I also understand that every _____ years thereafter my medical staff membership and clinical privileges will be reappraised and possibly revised.

I understand that additional information concerning my health may be required for the consideration of this application and that my health will be among the considerations reviewed biannually at times of reappraisal for renewal of clinical privileges.

I agree that my activities as a member of the medical staff will be bound by the provisions of Bylaws, Rules, and Regulations of the Medical Staff of _____ Hospital, a copy of which has been provided to me.

When absence or other circumstances temporarily cause me to be unavailable, I will arrange for one or more other members of the medical staff to provide for the continuous care of my patients.

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 30

I hereby declare that the statements in this application for clinical privileges and medical staff membership and all attachments hereto are complete and accurate.

Signature of applicant

Date of Signature

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 31

RECOMMENDATION OF THE DIVISION OR SERVICE CHIEF (IF APPLICABLE)

On the basis of the information in this application for provisional clinical privileges and medical staff membership and other credentials, I hereby recommend approval of the requested clinical privileges and appointment to the medical staff. The applicant's health in reference to his/her ability to exercise these clinical privileges has also been considered.

Departmental Chair

Date of signature

RECOMMENDATION OF THE DEPARTMENT CHAIRMAN

(omit if not appropriate)

On the basis of the information on this application for provisional clinical privileges and medical staff membership and other credentials, I hereby recommend approval of the requested clinical privileges and appointment to the medical staff. The applicant's health in reference to his/her ability to exercise these privileges has been considered.

Departmental Chair

Date of signature

ENDORSEMENT OF THE EXECUTIVE COMMITTEE OF THE MEDICAL STAFF

_____ endorsed for the Executive Committee of the Medical Staff, subject to ratification during its next regular meeting.

_____ endorsed during the meeting of the Executive Committee of the Medical Staff on

_____, 19____.

Guidelines on Hospital Privileges:
Credentialing and Bylaws
September 1991
Page 32

APPROVAL OF THE BOARD OF TRUSTEES

During its meeting on _____, 19____, the Board of Trustees approved clinical privileges and medical staff membership as requested by the applicant, recommended by the Department Chairman, and endorsed by the Executive Committee of the Medical Staff.

Secretary to the Board of Trustees

Date of Signature