



**Social Work
Delineation of Privileges**

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Licensed Baccalaureate Social Worker (LBSW)
- _____ Licensed Master’s of Social Work (LMSW)
- _____ Licensed Advanced Practice Social Worker (LAPSW)
- _____ Doctorate of Social Work (DSW)
- _____ Licensed Clinical Social Worker (LCSW)
- _____ Baccalaureate Social Worker (BSW)
- _____ Master Social Work (MSW)

- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: Completion of BSW, MSW, or DSW from an accredited educational facility.

Licensure: State licensure in one’s field is strongly recommended.

Baroness*	Children’s**	North	East	Bledsoe/Sequatchie	Community Health Centers***

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
 **Includes Children’s Hospital Inpatient, Children’s Ambulatory clinics, Children’s OR and Kennedy Children’s Outpatient Center
 ***Includes Dodson Avenue Community Health Center, Premier Community Health Center, and Southside Community Health Center

Core Privileges: Performing clinical and psychosocial assessments consummate to one’s level of training, establishing an appropriate treatment plan, including consultation when indicated. Documentation in the medical record of these assessments and recommendations for the clinical care teams. Care navigation. Working in an interdisciplinary manner with other members of the clinical care team.

Special Non-Core Privileges:
 If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical

competence. Noncore privileges may include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Conducting Behavioral Health Assessments (Master's level and above)					
Chemical Health Screening					
Biofeedback					
Hypnosis					

Request for Privilege Not Listed *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)
- Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date