



## Privileges in APP PSYCHIATRY - Behavioral Analyst

Applicant's Name:

### Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

### Required Qualifications

**Education/Training**

Doctoral-level Board Certification in Behavior Analysis (BCBA-D)

**OR**

Master's-level Board Certification in Behavior Analysis (BCBA-M) from the Behavior Analysis Certification Board (BACB).

**Additional Qualifications  
(Initial and Reappointment)**

At least 2 years of experience conducting applied behavior analysis with children and adolescents with intellectual and/or other developmental disabilities.

**FPPE**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

**Employer**

Request	<p align="center"><b><i>Request all privileges listed below.</i></b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Attending Psychologist Rec	Service Chief Rec
	<b>Employer</b>		
	SHC		
	SOM		
	Community		
	LPCH		

**Core Privileges - General Supervision**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Attending Psychologist Rec	Service Chief Rec
	<b>General Behavior Analyst Privileges</b>		
	<p>Privileges to evaluate, consult, and provide behavioral treatment to children, adolescents, and adults who suffer from behavioral disorders due to conditions which may include, but are not limited to: intellectual or other neurodevelopmental disorders, traumatic brain injury, and disruptive behavior disorders. This may include the following patient-related activities with their parents and/or legally designated caretakers: Provide initial and ongoing assessments of client's daily living, social, and communication skills and behavioral issues, including the following: • relevant health, medical, behavioral, and psychosocial history • relevant intervention history • identify the needs of the individual as a result of the evaluation of collected data • develop individualized treatment plans for both skill acquisition and problem behavior reduction (based on function) • determine the effectiveness of the plan of care through documentation of client outcomes • reassess and modify the treatment plan as necessary to achieve established goals • monitor progress and make data-based revisions as needed • formulate clinical judgments based on data gathered to establish plan of care and prognosis • record information in medical record compliant with regulatory requirements • provide relevant treatment and patient education • make appropriate referrals to other health professional and community agencies • participate in quality assurance review on a periodic basis, including systematic review of records and treatment intervention plans • provide treatment based on the assessment within the scope of the BCBA's experience and continuing education in the appropriate area of specialty</p>		
	<b>Acute Patient Disorders</b>		
	<p>Privileges to evaluate, consult, and provide behavioral treatment to children, adolescents, and adults who suffer from severe acute behavioral issues, which may include but are not limited to: self-injurious behavior, aggression toward others, property destruction, disruptive behavior, and stereotypic behavior.</p>		
	<b>Additional Diagnostic Evaluations</b>		
	<p>Privileges to provide diagnostic evaluation as appropriate, to children, adolescents, and adults who suffer from behavioral disorders due to conditions which may include, but are not limited to: intellectual or other neurodevelopmental disorder, traumatic brain injury, and disruptive behavior disorders. This may include but is not limited to experimental functional analysis, descriptive analysis, reinforcer preference assessment, sequential analysis (behavior chain analysis), and ecological assessment. In addition, assessments may include criterion referenced assessments such as Basic Language and Learning Skills (ABLLS) and the Verbal Behavior Milestones Assessment and Placement Program (VB MAPP). Refer for specialty services as necessary.</p>		
	<b>Chronic Patient Disorders</b>		

	Privileges to evaluate, consult, and provide behavioral treatment to children, adolescents, and adults who suffer from chronic behavioral issues, which These may include but are not limited to: autism, neurodevelopmental disorders, intellectual disabilities, traumatic brain injury, and disruptive behavior disorders. Treatment by the behavior analyst of routine disorders - such as those listed above - will be within the standards of practice established collaboratively with the attending physician.		
	<b>Disease Management (Primary Care Conditions)</b>		
	Privileges to evaluate, consult, and provide behavioral treatment to children, adolescents, and adults who suffer from behavioral issues related to medical treatment. These may include but are not limited to: training specific communication skills to replace the disruptive behaviors as well as identifying specific settings (context), antecedents, behaviors, and consequences that may maintain/reinforce the disruptive behaviors. Specific strategies of intervention include task analysis, chaining, prompting, fading, differential reinforcement, extinction, thinning a reinforcement schedule, generalization, shaping and modeling.		

**Qualifications**

**Renewal Criteria**                      Maintenance of initial criteria  
Minimum 4 procedures required during the past 2 years

**FPPE**

- Core - (Direct Observation)
- Core - (Chart Reviews)

**Acknowledgment of Applicant**

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of a physician or licensed clinical psychologist, and that I wish to exercise at Lucile Packard Children's Hospital.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

Also attest that I will adhere to the guidelines of the LPCH Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this \_\_\_\_\_ Date  
privilege request

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

\_\_\_\_\_  
 Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request      Date \_\_\_\_\_

\_\_\_\_\_  
 Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request      Date \_\_\_\_\_