

**SERENITY BEHAVIORAL HEALTH SYSTEMS  
POLICY**

**SUBJECT:** CLINICAL PRIVILEGES  
**POLICY NUMBER:** HR-22  
**EFFECTIVE DATE:** October 1997  
**SUPERSEDES:** N/A  
**LAST REVISION DATE:** July 2010

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**POLICY:**

It is the policy of Serenity Behavioral Health Systems (SBHS) to ensure that Licensed Independent Practitioners (LIP's) have the appropriate credentials and have demonstrated that they are competent to carry out their delineated clinical responsibilities prior to granting or renewing privileges.

**DEFINITIONS:**

- I. Licensed Independent Practitioners – All SBHS employees and/or contractors who are licensed to practice independently.
  - A. Physician
  - B. Advanced Practice Registered Nurse
  - C. Licensed Professional Counselor
  - D. Licensed Clinical Social Worker
  - E. Registered Pharmacist
  - F. Licensed Clinical Psychologist
  - G. Speech Therapist
  - H. Nutritionist
  - I. Occupational Therapist
  - J. Physical Therapist
  - K. Licensed Marriage and Family Therapist

**PROCEDURES:**

- I. General Guidelines
  - A. Licensure is verified through the appropriate Licensing Board at the Secretary of State website, the National Data Practitioner's Bank, and/or the American Medical Association.
  - B. An Application for Clinical Privileges (SBHS Form 501) is to be submitted to the Credentialing & Privileging (C&P) Committee.
  - C. The C&P Committee will review the application to determine if privileges will be granted.

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D. LIPs will be reviewed every two (2) years. They must provide:

1. Clinical Privileges Application
2. Copy of current (renewed) license
3. Recommendation of administrative supervisor
4. Proof of mandatory CME/CEU/CE requirements for licensure and other required training per program requirements.
  - a. 60 hours required if working with substance abuse population
  - b. 32 hours for other areas

**ATTACHMENT:**

1. [Application for Clinical Privileges - SBHS Form 501](#)

**APPROVAL SECTION:**

\_\_\_\_\_  
Chief Executive Officer

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Date

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Committee Chairperson

\_\_\_\_\_  
Date

**RESCISSION SECTION:**

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

**COMMITTEE REVIEW SECTION:**

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Committee Chairperson

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Date

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Committee Chairperson

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Date

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Committee Chairperson

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Date