

**CREDENTIALING AND RE-PRIVILEGING COMMITTEE  
(CRC) APPLICATION FORM**

**PSYCHIATRY**

PHYSICIAN'S NAME : \_\_\_\_\_

DEPARTMENT : **PSYCHIATRY**

DIVISION (IF ANY) : \_\_\_\_\_

SPECIALTY (IF ANY) : \_\_\_\_\_

DATE APPLIED : \_\_\_\_\_


**NOTE:** At the time of a life-threatening clinical emergency, any practitioner may render whatever care he/she believes to be indicated regardless of the extent of his/her granted privileges, if expertise not available.

PLEASE FILL OUT THESE FORMS INDICATING THE PROCEDURES THAT YOU BELIEVE YOU CAN PERFORM AS PART OF YOUR DUTIES TO BECOME A MEMBER OF THE MEDICAL STAFF IN TAWAM HOSPITAL.

**Note:** (DO NOT MARK AN "X" IN MORE THAN ONE COLUMN FOR EACH PROCEDURE INDICATED)

PROCEDURES	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
1. General adult psychiatric disorders assessment and management				
2. Emergency Psychiatry				
3. General hospital psychiatry/liaison psychiatry				
4. Anxiety management				
5. Marital therapy				
6. Family therapy				
7. Psychiatry of old age				
8. Child and adolescence psychiatry				
9. Mental health rehabilitation				
10. Forensic psychiatry (medico-legal)				
11. Organic psychiatry				
12. Community mental health service				
13. Psychiatric day care service				
14. Mental health patients and community education				
15. Sex therapy				
16. Behavioral therapy				
17. Electroconvulsive therapy				
18. Cognitive therapy				
19. Drug/alcohol abuse				
20. Day hospital care				
21. Electroconvulsive therapy				
22. Psychotherapy (brief)				

PROCEDURE	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
<p>1. Neuropsychiatry and psychiatric aspect of organic brain disorders (Head injury, Epilepsy, Parkinson's disease, CVA, Huntington's chorea, etc.)</p> <p>Evidence: Board certificate in Neuropsychiatry, London University, UK 1990, plus extensive experience (15 years)</p>				
<p>2. Psychiatry of mental handicap</p> <p>Evidence: attended four years higher professional training, approved by the Royal College of Psychiatrists and certified by the British General Medical Council and registered on the specialist list (European community)</p>				
<p>3. Addiction (alcohol and drug addiction)</p> <p>Evidence:</p> <ul style="list-style-type: none"> <li>? Higher professional training and experience in the UK</li> <li>? Responsibility of establishment a new Addiction Service in the UAE, Abu Dhabi (2001), which was a credited and approved by the National Addiction Centre, London University, UK</li> </ul>				
<p>4. Psycho-oncology (Psychiatry of Cancer)</p> <p>Evidence: twelve years experience in liaison psychiatry and psysho-oncology. At Tawam I managed to establish the first psycho-oncology service in the Arab world, which is recognized internationally and approved at the fifth World Psycho-oncology Congress, Melbourne, Australia, 2000.</p>				

 Please attach to this form the following document/s:  
Evidence of level of training & expertise attained to carry out the requested procedures.

<b>ADDITIONAL CLINICAL PRIVILEGES</b> (Special Procedures)
(type detailed description) USE SEPARATE SHEET OF PAPER IF REQUIRED & ATTACH TO THIS SHEET

**IF AT ANY STAGE YOU WISH TO PERFORM ANY SURGICAL OR THERAPEUTIC PROCEDURE WHICH IS NOT LISTED IN THIS APPLICATION, YOU MUST REFER IT TO THE CREDENTIALS & APPOINTMENT COMMITTEE.**

## SIGNATURES

MEDICAL STAFF NAME : \_\_\_\_\_ DATE : 28 Sept 2003  
SIGNATURE

HEAD, DIVISION (IF ANY) \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HEAD, DEPARTMENT : \_\_\_\_\_ DATE : 28 Sept 2003  
SIGNATURE

CHAIRMAN : \_\_\_\_\_ DATE : \_\_\_\_\_  
CREDENTIALS & APPOINTMENT COMMITTEE SIGNATURE

MEDICAL DIRECTOR : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HOSPITAL DIRECTOR/CEO : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE