

### CLINICAL ACTIVITIES APPROVAL FORM

EMPLOYEE NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

#### SECTION I - QUALIFICATIONS

Education: \_\_\_\_\_

\_\_\_\_\_

Training: \_\_\_\_\_

\_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

Licensure, Registration, and/or Certification: \_\_\_\_\_

\_\_\_\_\_

#### SECTION II - AGE & DISABILITY

- Behavioral Healthcare Practitioners (Adult Psychiatric-Geropsychiatric)
- Chemical Dependency Practitioners
- Child and Adolescent Practitioners
- Mental Retardation Practitioners

#### SECTION III - DELINEATION OF CLINICAL ACTIVITIES

Clinical Activities Requested (**See Clinical Activities Definitions for complete explanations**)- Check appropriate boxes:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Counseling             | <input type="checkbox"/> Physician Assessment             |
| <input type="checkbox"/> Family Counseling                 | <input type="checkbox"/> Assessment of medical history    |
| <input type="checkbox"/> Group Counseling                  | <input type="checkbox"/> Medication Management            |
| <input type="checkbox"/> MH/AD Bio-psychosocial Assessment | <input type="checkbox"/> Involuntary Inpatient Commitment |
| <input type="checkbox"/> DD Bio-psychosocial Assessment    | <input type="checkbox"/> AIMS                             |
| <input type="checkbox"/> Clinical Screening                | <input type="checkbox"/> Withdrawal Assessment            |
| <input type="checkbox"/> Nursing Assessment                | <input type="checkbox"/> Withdrawal Management (Detox)    |
| <input type="checkbox"/> AD Nursing Assessment             | <input type="checkbox"/> Discharge Summary                |
| <input type="checkbox"/> Venipuncture                      | <input type="checkbox"/> Pharmacy Management              |
| <input type="checkbox"/> Medication Administration         | <input type="checkbox"/> Psychological Testing            |
| <input type="checkbox"/> Waive testing                     | <input type="checkbox"/> Seclusion                        |

**COMPETENCY IN THE PERFORMANCE OF THESE CLINICAL ACTIVITIES WILL BE PROVEN BY COMPLETING THE APPROPRIATE INITIAL COMPETENCY ASSESSMENT AND REVIEWED ANNUALLY.**

#### SECTION IV - APPROVAL/DENIAL OF CLINICAL ACTIVITIES ER USE ONLY

- All activities approved       Activities approved with exceptions       Activities denied

Explanation: \_\_\_\_\_

\_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ UTILIZATION MANAGEMENT COORD: \_\_\_\_\_