

Applicant's Name	Position	
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## CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

## **PSYCHIATRY**

## **Instructions:**

Please indicate which areas you are qualified to practice in and wish to be credentialed for.

## **Please Note:**

Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the scope of clinical practice authorised for the practitioner concerned. Monash Health will support members of the Senior Medical Staff who are required to so act

Qualifications:		
AHPRA Registration:	Registration Number:	
	General registration	
	Specialist registration (psychiatry)	
	Limited – PG training, supervised	
RANZCP status	Fellow	
	Substantial Comparability Pathway	
RANZCP Faculty memberships	Addiction Psychiatry or Chapter Addict. Med. (RACP)	
	Child & Adolescent Psychiatry	
	Consultation-Liaison Psychiatry	
	Forensic Psychiatry	
	Psychiatry of Old Age	
	Psychotherapy	
Other area of subspecialty	☐ Intellectual Disability or Dual Disability	
(by virtue of training or experience)	e) Perinatal Psychiatry	
	Youth Psychiatry	
	Other (specify)	
Are you up-to-date with training to be	e a college supervisor?	
	□ No	
Are you up-to-date with ECT training?	Yes	
	□ No	

Please turn the page

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Clinical Services:	
Please Note:  All psychiatrists are legally able to assess and treat a person of any a on occasions. However, generally psychiatrists will work within the psychiatrist may have more than one area of specialty. Credentialin sites.  Instructions:  Please indicate, with a ✓, those areas you wish to work in and those undertake.	ir chosen area of specialty. Any g applies to all Monash Health
Core Clinical Areas of Operations	
Child & Adolescent Psychiatry (0-18 years)	
Child, Adolescent and Youth Psychiatry (0-25 years)	
Adult Psychiatry (16-65 years)	
Aged Persons Psychiatry (65+ years)	
Supervision & Training	
Supervision of trainees and/or students	
Psychotherapy Supervision	
Procedures	
Electro Convulsive Therapy (ECT)	
Trans Magnetic Stimulation (TMS)	
Clozapine Therapy	
Other (specify):	

Signatures:			
	Signature	Print Name	Date:
Psychiatrist			
Unit Head			
Program Director			
СМО			

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