

**UPMC**  
**Delineation of Privileges Request**  
**Criteria Summary Sheet**

**Facility:** UPMC McKeesport

**Specialty:** PSYCHIATRY

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	Successful completion of an ACGME or AOA accredited residency program in psychiatry
<b>CERTIFICATION</b>	Current certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
<b>OTHER</b>	<p><b><u>BUPRENORPHINE PRIVILEGES</u></b>  <b>Within the past two years:</b></p> <ul style="list-style-type: none"> <li>▪ Obtained and provided documentation of a waiver of privilege of prescribing this medication from SAMHSA/CSAT/DEA. AND</li> <li>▪ Provided an updated DEA Certificate AND</li> <li>▪ I have, with respect to the treatment and management of opioid-addicted patients, completed not less than eight hours of <b>Buprenorphine</b> training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this sub clause AND</li> <li>▪ I agree to use the medication per the recommendations included in the Federally-approved trainings.</li> </ul>