



NEUROLOGY CLINICAL PRIVILEGES

Name: _____

Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by _____:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

Applicant: Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.



QUALIFICATIONS FOR NEUROLOGY

To be eligible to apply for privileges in neurology, the applicant must meet the following criteria:

1. Successful completion of an accredited residency program in neurology

AND/OR

2. Required current experience: Applicants for initial appointment must be able to demonstrate active practice, reflective of the scope of privileges requested, during the past twenty-four (24) months, or demonstrate successful completion of an accredited residency or clinical fellowship within the past twelve (12) months.

CORE PRIVILAGES: NEUROLOGY

1. Admit, evaluate, diagnose, treat, and provide consultation to patients, with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, as well as the blood vessels that relate to these structures.
2. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
3. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills



NEUROLOGY CORE PROCEDURES LIST

This list is a sampling of procedures included in the neurology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Admission to, consultation on, and management of critically ill neurologic patients in the intensive care unit
3. Autonomic testing
4. Caloric testing
5. Emergency treatment of acute stroke, including thrombolytic therapy
6. Lumbar puncture
7. Preliminary interpretation of diagnostic imaging
8. Tensilon testing



QUALIFICATIONS FOR CLINICAL NEUROPHYSIOLOGY

1. Admit, evaluate, diagnose, treat and provide consultation to patients with central, peripheral, and autonomic nervous system disorders.
2. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
3. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same technique and skills.

CLINICAL NEUROPHYSIOLOGY CORE PROCEDURES LIST

This list is a sampling of procedures included in the clinical neurophysiology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Actigraphy
3. Ambulatory EEG monitoring
4. Ambulatory polysomnography (home sleep testing)
5. Auditory evoked responses
6. Autonomic testing
7. Continuous ICU EEG monitoring
8. Continuous video EEG monitoring
9. EEG interpretation
10. Epilepsy monitoring
11. Intraoperative monitoring, including extra- and/or intra-cranial EEG and sensory and motor evoked responses.
12. Maintenance of wakefulness test (MWF)



13. Multiple sleep latency test (MSLT)
14. Polysomnography and assessment of disorders of sleep
15. Somatosensory evoked responses
16. Visual evoked responses
17. WADA testing
18. Nerve conduction studies (NCSs)
19. Electromyography (EMG)

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

- Transcranial Doppler (TCD)
- Baclofen Pump Implantation
- Baclofen Pump – Refill and Maintenance
- Botulinium Toxic Injection – Headache
- Botulinium Toxic Injection – Movement Disorders
- Botulinium Toxic Injection – Spasticity
- Botulinium Toxic Injection – Pain
- Nerve Blocks: Supraorbital and Greater Occipital
- Skin Biopsy for Nerve Fiber Density



Neurology Clinical Privileges

Name: _____

Effective Dates: From _____ To _____

Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at _____ Hospital/ Clinic. I understand that:

- In exercising any clinical privileges granted I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signature: _____

Date Signed: _____

Head of Department Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/ modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Name: _____ Signature _____

Date _____