



Privileges in Neurology Service

Name: _____

Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions.
- Courtesy-Admitting** – Member in good standing in another JCAHO, AAAHC or AAAASF accredited hospital, and admits/treats 3 – 10 patients per year at SHC
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities.

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL or UTL)
 Clinical Educator
 Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	Proctoring Requirements
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core:</u> Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide non-surgical treatment to patients presenting with illnesses or injuries of the neurologic system including:</p> <ul style="list-style-type: none"> • Conducting a thorough general and neurological examination • Determining the indications for and limitations of clinical neurodiagnostic tests • Interpreting the clinical neurodiagnostic tests • Correlating the information derived from these neurodiagnostic tests with patient clinical history and examination to formulate a differential diagnosis and management plan • Interpreting clinical neuroimaging studies including CT and MRI • Tensilon test • Lumbar puncture 	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in Neurology or foreign equivalent.</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process leading to certification in neurology by the American Board of Psychiatry & Neurology or the American Osteopathic Board of Neurology & Psychiatry or foreign equivalent training/board.</p> <p style="text-align: center;">AND</p> <p>Documentation or attestation of the management of neurological problems for at least 100 inpatients or outpatients as the attending physician (or senior resident), at an accredited facility, during the past two years</p>	<p>Appropriate number of cases performed per year as based on Category</p> <p>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested</p> <p>_____ # of cases in 2 years</p>	

SPECIAL PRIVILEGES				
(MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of Cases performed in past 2 yrs **	Proctoring Requirements
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Performance of myelography		_____ # of cases in 2 years	
<input type="checkbox"/>	Performance of neuroimaging - CT		_____ # of cases in 2 years	
<input type="checkbox"/>	Performance of neuroimaging - MRI		_____ # of cases in 2 years	
<input type="checkbox"/>	Performance & interpretation of neuroimaging - SPECT		_____ # of cases in 2 years	
<input type="checkbox"/>	Transcranial Doppler		_____ # of cases in 2 years	
<input type="checkbox"/>	EMG and nerve conduction velocity		_____ # of cases in 2 years	
<input type="checkbox"/>	Sensory evoked potentials		_____ # of cases in 2 years	
<input type="checkbox"/>	Electroencephalography (EEG)		_____ # of cases in 2 years	
<input type="checkbox"/>	Video-EEG monitoring		_____ # of cases in 2 years	
<input type="checkbox"/>	Ambulatory EEG interpretation		_____ # of cases in 2 years	
<input type="checkbox"/>	Somatosensory evoked responses		_____ # of cases in 2 years	
<input type="checkbox"/>	Auditory evoked responses		_____ # of cases in 2 years	
<input type="checkbox"/>	Visual evoked responses		_____ # of cases in 2 years	

<input type="checkbox"/>	Arterial line placement		_____ # of cases in 2 years	
<input type="checkbox"/>	Central venous line placement		_____ # of cases in 2 years	
<input type="checkbox"/>	Cisternal puncture		_____ # of cases in 2 years	
<input type="checkbox"/>	Subdural tap		_____ # of cases in 2 years	
<input type="checkbox"/>	Skin biopsy		_____ # of cases in 2 years	
<input type="checkbox"/>	Muscle biopsy		_____ # of cases in 2 years	
<input type="checkbox"/>	Nerve biopsy		_____ # of cases in 2 years	
<input type="checkbox"/>	Trigger-point injection		_____ # of cases in 2 years	
<input type="checkbox"/>	Interpretation of Muscle Biopsies with Department of Pathology	Fellowship training in Neuromuscular Biopsy Interpretation. Must interpret 100 muscle within 2-year period and provide documentation log	_____ # of cases in 2 years Minimum of 5 cases done in the past two years	5 observations
<input type="checkbox"/>	Interpretation of Nerve Biopsies with Department of Pathology	Fellowship training in Neuromuscular Biopsy Interpretation. Must interpret 50 nerve biopsies within 2-year period and provide documentation log	_____ # of cases in 2 years Minimum of 5 cases done in the past two years	5 observations
<input type="checkbox"/>	Nerve block/injection		_____ # of cases in 2 years	
<input type="checkbox"/>	Wada test		_____ # of cases in 2 years	
<input type="checkbox"/>	Intraoperative electrocorticography		_____ # of cases in 2 years	
<input type="checkbox"/>	Intraoperative neurophysiologic monitoring		_____ # of cases in 2 years	
<input type="checkbox"/>	Magnetic brain stimulation		_____ # of cases in 2 years	

<input type="checkbox"/>	Botulinum toxin injection		_____ # of cases in 2 years	
<input type="checkbox"/>	Polysomnography		_____ # of cases in 2 years	
<input type="checkbox"/>	Craniocervical ultrasound		_____ # of cases in 2 years	

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

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.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.