



**Medicine - Neurology KHHM**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. 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 doubts related to qualification of requested privileges.

**Note:**

Privileges granted may only be exercised at the site(s) and setting(s) 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.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

<b>Education/Training</b>	Must have successfully completed an ACGME/AOA-accredited residency in Neurology.
<b>Certification</b>	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
<b>Clinical Experience (Initial)</b>	The successful applicant for initial appointment must provide documentation of provision of neurological services reflective of the scope of privileges requested to at least 24 inpatients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in neurology, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## Primary Privileges Neurology

**Description:** Core Privileges include: 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, including their coverings, blood vessels, and other effector tissue, such as muscle. Assess, stabilize and determine disposition of patients with emergency conditions. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Administration of Edrophonium	
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Perform History and Physical Examinations	
	Caloric Testing	
	Consultation privileges in Neurology	
	EEG Interpretation	
	EMG Perform and Interpret	
	Lumbar Puncture	
	Nerve conduction velocity testing, perform and interpret	
	Visual-evoked potential response	

## Special Privileges Neurology

**Description:** The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Neurology	

## Fluoroscopy

**Description:** All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Fluoroscopy	

**Mild/Moderate Sedation**

**Description:** Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is required.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Mild/Moderate Sedation	

**Acknowledgment of Applicant**

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Department Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date