



Medicine - Teleneurology 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

Education/Training/Experience Must have successfully completed an ACGME/AOA-accredited residency in Neurology. 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.

Certification 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.

Reappointment Criteria of Core Privileges To be eligible to renew core privileges, 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.

Core Privileges in Teleneurology

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Core Privileges include: 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.	
	Conducting a thorough and timely neurological examination via specialized telemedicine equipment	
	Consultation privileges in Neurology	
	EEG Interpretation	
	Evaluation and treatment of patients greater than 18 years of age presenting with emergent neurological illnesses including, but not limited to, acute stroke, stroke, and threatened stroke (TIA) or Transient Ischemic Attack)	
	Evaluate, diagnose, provide consultation, medically manage and treat patients with acquired or congenital disease, disorders or impaired function of the neurological system	
	Perform History and Physical Examinations via specialized telemedicine equipment.	
	Reviewing and correlating the results of other relevant diagnostic tests with the patient clinical history and examination to formulate a differential diagnosis and to recommend an evaluation and management plan.	

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