KetteringHEALTH

Neurology KHDO
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 Hosptial 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
Membership   I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

Primary Privileges Neurology

Request	Request all privileges listed below. *Uncheck any privileges that you do not want to request*	Department/Section Chair	Credentials Committee Chair
	Adult and geriatric neurology - principle or consultative care		
	Child neurology - principle or consultative care		
	Neurophysiologic testing - including supervision of personnel, performance and interpretation of studies		
	Auditory evoked potential		
	EEG - including regular, computerized, intraoperative, video, etc.		
	Electromyography with nerve conduction studies		
	Evoked potentials		
	Motor evoked potentials		
	Polysomnography and multiple sleep latency testing		
	Somatosensory evoked potentials		
	Urodynamics		
	Vestibular function testing		
	Visual evoked potential		
	Neuroimaging		
	Cerebral arterial and venous angiography		
	CT interpretation		
	Neuro-intensive care		
	Neuro-rehabilitation		
	Neurosonology (carotid ultrasound, transcranial doppler and peripheral vascular studies)- performance and interpretation		
	MRI/MRA interpretation		
	Myelography		
	SPECT interpretation		
	Miscellaneous		
	Autonomic testing		
	Biofeedback therapy		
	Diagnostic and therapeutic injections of root, nerve and muscle		
	Neuro-oncology		
	Neuropathology		
	Nerve and/or muscle biopsy performance and interpretation		
	Toxicology		
	Other privileges		
	Lumbar puncture		
	Neurointervention		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I

understand that:

A. 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.

B. 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.

_____   _____
Practitioner's Signature   Date

Clinical Service 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

Clinical Service Chair Recommendation - Additional Comments

_____   _____
Chair, Department/Section   Date

_____   _____
Chair, Credentials Committee   Date