Privileges for: Neurology

Request

MEC Approval: August 27, 2009

Board Approval: September 14, 2009

DEPARTMENT APPROVAL

_____Approved _____Disapproved

_____ _____
Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO
Successful completion of ACGME or AOA approved residency training program in neurology

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in neurology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in neurology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Admit patients, perform histories and physicals and evaluation, diagnosis and treatment of patients with diseases affecting the central or peripheral nervous systems or muscle, and their adjoining tissues.

_____ Lumbar puncture

_____ EEG interpretation

_____ Evoked potential interpretation

_____ EMG/NCV performance and interpretation

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

_____ Botulinum toxin injection

_____ Fluoroscopy

(ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

Privileges for: Neurology

Request

Applicants Signature: _____ **Date:** _____