STANFORD HOSPITAL & CLINICS
Center for Advanced Practice

PRIVILEGES
for the
Advanced Practice Provider

APP PRIVILEGES IN NEUROSURGERY

Name:

Instructions:

1. Click the **Request** checkbox to request a group of ***Core Privileges.***
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and submit with all required documentation.
5. As the Supervising Physician I have reviewed and agree to the Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found here.

Required Qualifications	
Education/Training	Successful completion of a PA, NP or CNS program
Licensure (Initial and Reappointment)	Current Licensure as a PA, RN or CNS in the state of CA Current certification as a NP in the state of California
Certification (Initial and Reappointment)	Current certification as a PA, NP or CNS by a nationally accredited organization
Additional Qualifications (Initial and Reappointment)	Current BLS from the American Heart Association. Current DEA required (DEA and Nurse Practitioner Furnishing Exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS
Definitions	"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. "Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure. "Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

Patient Population

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	Patient Population		
☐	Infant	☐	☐
☐	Pediatric	☐	☐
☐	Adolescent	☐	☐
☐	Adult	☐	☐
☐	Geriatric	☐	☐
	Setting		
☐	Outpatient	☐	☐
☐	Inpatient	☐	☐

Provide care on LPCH patients in specific areas of SHC

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	Additional Request		
☐	For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit	☐	☐

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	☐	☐
☐	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	☐	☐
☐	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	☐	☐
☐	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	☐	☐
☐	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	☐	☐
☐	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	☐	☐
☐	Obtains informed consent, as indicated	☐	☐
☐	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	☐	☐
☐	Provides and coordinates patient teaching and counseling	☐	☐
☐	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]	☐	☐
☐	CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	☐	☐

Qualifications

Renewal Criteria Maintenance of all the above qualifications.
Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core - PHYSICIAN ASSISTANT (PA)

Core Privileges - NURSE PRACTITIONER (NP)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	☐	☐
☐	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures	☐	☐
☐	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	☐	☐
☐	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	☐	☐
☐	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	☐	☐
☐	Performs designated procedures according to written standardized procedures where applicable	☐	☐
☐	Obtains informed consent, as indicated	☐	☐
☐	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	☐	☐
☐	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]-	☐	☐
☐	CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	☐	☐

Qualifications

Renewal Criteria Maintenance of all the above qualifications.
Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core - NURSE PRACTITIONER (NP)

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	Evaluates and treats patients with acute, and chronic health complaints as well as health maintenance concerns related to specialty according to written standardized procedures Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized processes Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patients, according to written standardized procedures Administers and orders medications Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	☐	☐
☐	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	☐	☐
☐	Performs designated procedures after demonstrated competency, according to written standardized procedure where applicable	☐	☐
☐	Obtains informed consent, as indicated	☐	☐
☐	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	☐	☐
☐	Recognizes and considers the age specific needs of patients	☐	☐
☐	Recognizes situations which require the immediate attention of a physician, and initiates lifesaving procedures when necessary	☐	☐
☐	Performs discharge summaries	☐	☐
☐	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]	☐	☐

Qualifications

Renewal Criteria Maintenance of all the above qualifications.
Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core - CLINICAL NURSE SPECIALIST (CNS)

Standardized Protocols/Standardized Procedures

Description: (requires selection of a core professional role above)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	(requires selection of a core professional role above)		
	General Supervision		
☐	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]	☐	☐
	Personal Supervision		
☐	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]	☐	☐

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- ☐ Administration of Moderate Sedation - (Chart Review)
- ☐ Administration of Moderate Sedation - (Direct Observation)
- ☐ First Assistant - (Chart Review)
- ☐ First Assistant - (Direct Observation)

Division

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	(Select division which corresponds to your Supervising Physician)		
☐	NEUROSURGERY	☐	☐
☐	NEURO-FUNCTIONAL	☐	☐
☐	NEUROSURGERY - Inpatient Neurosurgery requires current ACLS certification from the American Heart Association. Inpatient Neurosurgery requires ENLS certification from the Neurocritical Care Society within one year of hire. ENLS certification must be renewed every 2 years.	☐	☐

Standardized Protocols/Standardized Procedures

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	(requires selection of a core professional role above)		
	General Supervision		
☐	ARGININE HCL GROWTH HORMONE RELEASING TEST	☐	☐
☐	ARTERIAL LINE PLACEMENT	☐	☐
☐	CENTRAL VENOUS CATHETER (CVC): INSERTION - Internal/External Jugular [Criteria: Initial - Must complete "Getting to Zero" educational module. Renewal - Must complete "Getting to Zero" educational module. Minimum of 10 cases required]	☐	☐
☐	CENTRAL VENOUS CATHETER (CVC): INSERTION - Femoral [Criteria: Initial - Must complete "Getting to Zero" educational module. Renewal - Must complete "Getting to Zero" educational module. Minimum of 6 cases required]	☐	☐
☐	DRAIN REMOVAL	☐	☐
☐	DEEP BRAIN STIMULATION DEVICE: ADJUSTMENT	☐	☐
☐	DEEP BRAIN STIMULATION DEVICE: INITIAL PROGRAMMING	☐	☐
☐	INTRAOPERATIVE RETRACTION	☐	☐
☐	INTRAOPERATIVE TISSUE AND SPECIMEN HANDLING	☐	☐
☐	INTRAOPERATIVE WOUND CLOSURE	☐	☐
☐	INTRATHECAL PUMP REFILL	☐	☐
☐	LUMBAR PUNCTURE	☐	☐
☐	MAINTENANCE AND SAMPLING OF EXTERNAL VENTRICULAR DEVICE	☐	☐
☐	MOTOR CORTEX STIMULATOR: PROGRAMMING	☐	☐
☐	PUNCH BIOPSY	☐	☐
☐	SPINAL CORD STIMULATOR: PROGRAMMING	☐	☐
☐	STEREOTACTIC FIDUCIAL MARKER: PLACEMENT	☐	☐
☐	STEREOTACTIC FIDUCIAL MARKER: PLACEMENT - ASSIST	☐	☐
☐	STEREOTACTIC HEAD RING: PLACEMENT	☐	☐
☐	STEREOTACTIC HEAD RING: PLACEMENT - ASSIST	☐	☐
☐	VENTRICULAR SHUNT PROGRAMMING	☐	☐
☐	VENTRICULAR SHUNT / RESERVOIR TAP	☐	☐
☐	WOUND CLOSURE	☐	☐

Qualifications

Initial Criteria Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures

Renewal Criteria Each Standardizied Procedures requires minimum 6 cases during the past 2 years

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- ☐ Arginine HCL Growth Hormone Releasing Test - (Chart Review)
- ☐ Arginine HCL Growth Hormone Releasing Test - (Direct Observation)
- ☐ Arterial Line Placement - (Chart Review)
- ☐ Arterial Line Placement - (Direct Observation)
- ☐ Central Venous Catheter (CVC): Insertion - Internal/External Jugular - (Chart Review)

- ☐ Central Venous Catheter (CVC): Insertion - Internal/External Jugular - (Direct Observation)
- ☐ Central Venous Catheter (CVC): Insertion - Femoral - (Chart Review)
- ☐ Central Venous Catheter (CVC): Insertion - Femoral - (Direct Observation)
- ☐ Drain Removal - (Chart Review)
- ☐ Drain Removal - (Direct Observation)
- ☐ Deep Brain Stimulation Device: Adjustment - (Chart Review)
- ☐ Deep Brain Stimulation Device: Adjustment - (Direct Observation)
- ☐ Deep Brain Stimulation Device: Initial Programming - (Chart Review)
- ☐ Deep Brain Stimulation Device: Initial Programming - (Direct Observation)
- ☐ Intraoperative Retraction - (Chart Review)
- ☐ Intraoperative Retraction - (Direct Observation)
- ☐ Intraoperative Tissue And Specimen Handling - (Chart Review)
- ☐ Intraoperative Tissue And Specimen Handling - Direct Observation)
- ☐ Intraoperative Wound Closure - (Chart Review)
- ☐ Intraoperative Wound Closure - (Direct Observation)
- ☐ Intrathecal Pump Refill - (Chart Review)
- ☐ Intrathecal Pump Refill - (Direct Observation)
- ☐ Lumbar Puncture - (Chart Review)
- ☐ Lumbar Puncture - (Direct Observation)
- ☐ Maintenance And Sampling Of External Ventricular Device - (Chart Review)
- ☐ Maintenance And Sampling Of External Ventricular Device - (Direct Observation)
- ☐ Motor Cortex Stimulator: Programming - (Chart Review)
- ☐ Motor Cortex Stimulator: Programming - (Direct Observation)
- ☐ Punch Biopsy - (Chart Review)
- ☐ Punch Biopsy - (Direct Observation)
- ☐ Spinal Cord Stimulator: Programming - (Chart Review)
- ☐ Spinal Cord Stimulator: Programming - (Direct Observation)
- ☐ Stereotactic Fiducial Marker: Placement - (Chart Review)
- ☐ Stereotactic Fiducial Marker: Placement - (Direct Observation)
- ☐ Stereotactic Fiducial Marker: Placement - Assist - (Chart Review)
- ☐ Stereotactic Fiducial Marker: Placement - Assist - (Direct Observation)
- ☐ Stereotactic Head Ring: Placement - (Chart Review)
- ☐ Stereotactic Head Ring: Placement - (Direct Observation)
- ☐ Stereotactic Head Ring: Placement - Assist - (Chart Review)
- ☐ Stereotactic Head Ring: Placement - Assist - (Direct Observation)
- ☐ Ventricular Shunt Programming - (Chart Review)
- ☐ Ventricular Shunt Programming - (Direct Observation)
- ☐ Ventricular Shunt / Reservoir Tap - (Chart Review)
- ☐ Ventricular Shunt / Reservoir Tap - (Direct Observation)
- ☐ Wound Closure - (Chart Review)
- ☐ Wound Closure - (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

Service Chief Recommendation - Privileges

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

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date

Submit