

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 <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	Patient Population		
<input type="checkbox"/>	Infant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	<input type="checkbox"/>
	Setting		
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>

Provide care on LPCH patients in specific areas of SHC

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

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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)]	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]-	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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)]	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

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

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Core - NURSE PRACTITIONER (NP)

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
General Supervision			
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedure where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Recognizes and considers the age specific needs of patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Recognizes situations which require the immediate attention of a physician, and initiates lifesaving procedures when necessary	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs discharge summaries	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

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

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Core - CLINICAL NURSE SPECIALIST (CNS)

Standardized Protocols/Standardized Procedures

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

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	(requires selection of a core professional role above)		
	General Supervision		
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Supervision		
<input type="checkbox"/>	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.]	<input type="checkbox"/>	<input type="checkbox"/>

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

Division

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	(Select division which corresponds to your Supervising Physician)		
<input type="checkbox"/>	NEURO-FUNCTIONAL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>

Standardized Protocols/Standardized Procedures

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
	(requires selection of a core professional role above)		
	General Supervision		
<input type="checkbox"/>	ARGININE HCL GROWTH HORMONE RELEASING TEST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ARTERIAL LINE PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRAIN REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DEEP BRAIN STIMULATION DEVICE: ADJUSTMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DEEP BRAIN STIMULATION DEVICE: INITIAL PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAOPERATIVE RETRACTION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAOPERATIVE TISSUE AND SPECIMEN HANDLING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRAOPERATIVE WOUND CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRATHECAL PUMP REFILL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	LUMBAR PUNCTURE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MAINTENANCE AND SAMPLING OF EXTERNAL VENTRICULAR DEVICE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MOTOR CORTEX STIMULATOR: PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PUNCH BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SPINAL CORD STIMULATOR: PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC FIDUCIAL MARKER: PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC FIDUCIAL MARKER: PLACEMENT - ASSIST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC HEAD RING: PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC HEAD RING: PLACEMENT - ASSIST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VENTRICULAR SHUNT PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VENTRICULAR SHUNT / RESERVOIR TAP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WOUND CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>

Qualifications

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

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

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- 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 _____