

APP PRIVILEGES IN NEUROLOGY

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 Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found [here](#).

Required Qualifications

Education/Training	Successful completion of an 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
Renewal Criteria	Maintenance of all the above qualifications.
FPPE	FPPE CRITERIA LISTED BELOW AS INFORMATIONAL. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.
Definitions	<p>"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.</p> <p>"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.</p> <p>"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.</p>

Patient Population

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

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	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		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]</p>		

Qualifications

Renewal Criteria 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) NEUROLOGY

Core Privileges - NURSE PRACTITIONER (NP)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	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		
	<p>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 core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		

Qualifications

Renewal Criteria 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) NEUROLOGY

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	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 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 core criteria]		

Qualifications

Renewal Criteria 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) NEUROLOGY

Standardized Protocols/Standardized Procedures

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

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(requires selection of a core professional role above)		
	General Supervision		
	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - New hire APP and BMT APP are not eligible for this privilege. In order to apply for this privilege, the APP must complete a minimum of one year of ordering of chemotherapy/biotherapy with co-signature. The one year supervision requirement may be waived by the attending MD if the APP is experienced in chemotherapy/biotherapy. The APP must hold a current ONS/ONCC Chemotherapy/Biotherapy certificate OR ASCO Chemotherapy certificate which must be renewed every 2 years. As of September 1 ,2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted. For APPs providing services primarily at Stanford Children's Health, the Association of Pediatric Hematology/Oncology Nurses (APHON) certification equivalence will be accepted. Minimum 10 cases required during past two years.]		
	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

- Medications - Independent Chemotherapy Ordering - (Chart Review)
- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)

Division

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(Select division which corresponds to your Supervising Physician)		
	NEUROLOGY		
	NEURO-ONCOLOGY - ONS or ASCO Chemotherapy certification required within one year of hire. The ONS or ASCO chemotherapy certification must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted.		
	NEUROCRITICAL CARE - Requires current ACLS certification from the American Heart Association. ENLS certification from the Neurocritical Care Society required within one year of hire. ENLS certification must be renewed every 2 years.		

Standardized Protocols/Standardized Procedures

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief/Designee
	(requires selection of a core professional role above)		
	General Supervision		
	Arterial Line Placement [CRITERIA - Minimum 6 cases required]		
	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]		
	Deep Brain Stimulation (DBS) Device Programming [CRITERIA - Minimum 6 cases required]		
	Intranasal Sphenopalatine Ganglion (SPG) Block [CRITERIA - Minimum 6 cases required]		
	Lumbar Puncture [CRITERIA - Minimum 6 cases required]		
	Lumbar Puncture For Intrathecal Chemotherapy Administration [CRITERIA - Minimum 6 cases required]		
	Needle Muscle Biopsy [CRITERIA - Minimum 6 cases required]		
	Neurotoxin Injection [CRITERIA - Minimum 8 cases required]		
	Ommaya Reservoir [CRITERIA - Minimum 4 cases required]		
	Punch Biopsy [CRITERIA - Minimum 6 cases required]		
	Responsive Neurostimulator (RNS) Device Programming [CRITERIA - Minimum 6 cases required]		
	Trigger Point Injection [CRITERIA - Minimum 6 cases required]		
	Vagus Nerve Stimulator (VSD) Device Programming [CRITERIA - Minimum 6 cases required]		
	Ventricular Shunt / Reservoir Tap [CRITERIA - Minimum 6 cases required]		
	Ventriculoperitoneal Shunt Programming [CRITERIA - Minimum 6 cases required]		

Qualifications

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

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

- 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)
- Deep Brain Stimulation (DBS) Device Programming - (Chart Review)
- Deep Brain Stimulation (DBS) Device Programming - (Direct Observation)
- Intranasal Sphenopalatine Ganglion (SPG) Block - (Chart Review)

- Intranasal Sphenopalatine Ganglion (SPG) Block - (Direct Observation)
- Lumbar Puncture - (Chart Review)
- Lumbar Puncture - (Direct Observation)
- Lumbar Puncture for Intrathecal Chemotherapy Administration - (Chart Review)
- Lumbar Puncture for Intrathecal Chemotherapy Administration - (Direct Observation)
- Needle Muscle Biopsy - (Chart Review)
- Needle Muscle Biopsy - (Direct Observation)
- Neurotoxin Injection - (Chart Review)
- Neurotoxin Injection - (Direct Observation)
- Ommaya Reservoir Access - (Direct Observation)
- Ommaya Reservoir Access - (Chart Review)
- Punch Biopsy - (Chart Review)
- Punch Biopsy - (Direct Observation)
- Responsive Neurostimulator (RNS) Device Programming - (Chart Review)
- Responsive Neurostimulator (RNS) Device Programming - (Direct Observation)
- Trigger Point Injection - (Chart Review)
- Trigger Point Injection - (Direct Observation)
- Vagus Nerve Stimulator (Vsd) Device Programming - (Chart Review)
- Vagus Nerve Stimulator (Vsd) Device Programming - (Direct Observation)
- Ventricular Shunt / Reservoir Tap - (Chart Review)
- Ventricular Shunt / Reservoir Tap - (Direct Observation)
- Ventriculoperitoneal Shunt Programming - (Chart Review)
- Ventriculoperitoneal Shunt Programming - (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 _____