Privileges in Neurosurgery Service

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**.

Required Qualifications	
Education/Training	Successful completion of an ACGME or AOA accredited residency or fellowship in Neurosurgery or foreign equivalent training. **AND**
Certification	Current certification or active participation in the examination process leading to certification in Neurosurgery by the American Board of Neurological Surgery or the American Osteopathic Board of Neurological Surgery or equivalent documentation or foreign equivalent training/board. Board certification must be maintained in order to maintain corresponding privileges. Applicants who hold lifetime certificates are not required to fulfill requirements for Maintenance of Certification in their specialty. **AND** Documentation or attestation of the management of at least 100 Neurosurgical procedures during the past two years.
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

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.*	Service Chief Rec ☐
	Additional Request	
☐	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	☐

Core Privileges

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec ☐
	Neurosurgery Core:	
☐	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pre-, intra-, and postoperative neurosurgical treatment to patients presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply; provide consultation; and order diagnostic studies and procedures related to the neurological problem.	☐
	Core privileges could include, but not limited to:	
☐	Peripheral nerve surgery	☐
☐	Spine and spinal cord procedures	☐
☐	Cranial surgery	☐
☐	Treatment of simple concussion or hydrocephalus; ruptured intracranial aneurysm or arteriovenous malformation	☐
☐	Frameless stereotactic surgery	☐
☐	Tracheostomy	☐
☐	VP Shunts	☐
☐	Lumbar Puncture	☐
☐	Central Venous Catheter Insertion [CRITERIA - must complete "Getting to Zero" educational module]	☐

Qualifications

Renewal Criteria

Minimum 20 Core cases required during the past 2 years, may include those cases done at other facilities

Current certification or active participation in the examination process leading to certification in Neurosurgery by the American Board of Neurological Surgery or the American Osteopathic Board of Neurological Surgery or equivalent documentation or foreign equivalent training/board. Board certification must be maintained in order to maintain corresponding privileges. Applicants who hold lifetime certificates are not required to fulfill requirements for Maintenance of Certification in their specialty.

FPPE

☐ Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec ☐
☐	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	☐
☐	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	☐
☐	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA -Teaching appointment to work in SHC outpatient clinics]	☐
☐	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	☐
☐	Lumbar fusion [CRITERIA - Initial - Minimum of 10 cases required for each privilege selected. Renewal - Minimum 5 cases during the past 2 years]	☐
☐	Thromboendarterectomy of carotid or vertebral circulation [CRITERIA - Initial - Minimum of 10 cases required for each privilege selected. Renewal - Minimum 5 cases during the past 2 years]	☐
☐	Sympathectomy [CRITERIA - Initial - Minimum of 10 cases required for each privilege selected. Renewal - Minimum 5 cases during the past 2 years]	☐
☐	Percutaneous stimulation of the spinal cord [CRITERIA - Initial - Minimum of 10 cases required for each privilege selected. Renewal - Minimum 5 cases during the past 2 years]	☐
☐	Spinal surgery involving the use of various stabilization devices [CRITERIA - Initial - Minimum of 10 cases required for each privilege selected. Renewal - Minimum 5 cases during the past 2 years]	☐
☐	Stereotactic Radiosurgery - Performed in collaboration with Radiation Oncology [CRITERIA - Initial - 1) Accuray training course; 2) Observe ten (10) cases; 3) Proctored for ten (10) cases; 4) Letter from co-director of cyberknife procedure. Renewal - Minimum 5 cases during the past 2 years]	☐
☐	Vertebroplasty [CRITERIA - Initial - Minimum of 10 cases required for each privilege selected. Renewal - Minimum 5 cases during the past 2 years]	☐
☐	Radiosurgery Treatment for Functional Applications - Panel review report of outcomes required [CRITERIA - Initial - Primary specialty training in neurosurgery Board Certified by American Board of Neurological Surgery 2 years experience in Functional Neurosurgery and privileges in Stereotactic Radiosurgery; or 200 cases of Stereotactic Radiosurgery. Renewal - Minimum 3 cases required during the past 2 years]	☐

FPPE

- ☐ Lumbar fusion
- ☐ Thromboendarterectomy of carotid or vertebral circulation
- ☐ Sympathectomy
- ☐ Percutaneous stimulation of the spinal cord
- ☐ Spinal surgery involving the use of various stabilization devices
- ☐ Stereotactic Radiosurgery
- ☐ Vertebroplasty
- ☐ Radiosurgery Treatment for Functional Applications

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

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

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

Date