



Privileges in Neurology 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

Initial Core Criteria Education/Training Neurology

Successful completion of an ACGME or AOA-accredited residency/fellowship in Neurology or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry or foreign equivalent training/board

AND

Documentation of the independent management of neurological problems for at least 50 inpatients or outpatients as the attending physician, during the past two years (not required for new graduates).

Initial Core Criteria Education/Training Neuropsychology

Successful completion of an APA approved doctoral program in clinical psychology, neuropsychology, or school psychology (PhD or PsyD.) Successful completion of an APA approved pre-doctoral internship

AND

Two years of a post-doctoral fellowship in neuropsychology -OR- one year of a post-doctoral fellowship in neuropsychology and two years of full-time supervised training applying neuropsychological services in a clinical setting.

AND

Current certification or active participation in the examination process leading to certification by the American Board of Psychology or foreign equivalent training/board

AND

Documentation of the provision of neuropsychological evaluations for at least 10 patients in the last 12 months.

Initial Core Criteria Education/Training Neurocritical Care

Current certification or active participation in the examination process leading to certification in one of the following: 1. Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. 2. Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology or foreign equivalent training/board. 3. Emergency Medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine. 4. Neurosurgery by the American Board of Neurological Surgery or the American Osteopathic Board of Neurological Surgery or equivalent documentation or foreign equivalent training/board. 5. Internal Medicine by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

AND

Current certification or active participation in the examination process leading to certification in Neurocritical Care from either the United Council for Neurologic Subspecialties (UCNS) or

Committee on Advanced Subspecialty Training (CAST) fellowship boards.

OR

Current board certification in Critical Care Medicine -AND- Completion of Emergency Neurologic Life Support (ENLS) course with certificate of completion and who have cared for at least 50 critically ill patients with primary neurologic or neurosurgical diagnoses in the last 12 months.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Neurology Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Privileges included in the Core:	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide non-surgical treatment to patients presenting with illnesses or injuries of the neurologic system including:	<input type="checkbox"/>
<input type="checkbox"/>	Tensilon test	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum 50 cases done in the past two years
 Maintain current certification or active participation in the examination process leading to certification in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry or foreign equivalent training/board

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

Neurology Core

Neuropsychology Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Privileges included in the Core:	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, and provide treatment to patients presenting with cognitive, behavioral, or emotional disorders	<input type="checkbox"/>
<input type="checkbox"/>	Consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders	<input type="checkbox"/>
<input type="checkbox"/>	Providing individual, group and family therapy	<input type="checkbox"/>
<input type="checkbox"/>	Behavior modification	<input type="checkbox"/>
<input type="checkbox"/>	Consultation to the courts	<input type="checkbox"/>
<input type="checkbox"/>	Emergency psychiatry	<input type="checkbox"/>
<input type="checkbox"/>	Chemical dependency intervention and therapy	<input type="checkbox"/>
<input type="checkbox"/>	Administration of psychological and neuropsychological tests	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum of 20 patients required during the past two years
 Maintain current certification or active participation in the examination process leading to certification by the American Board of Psychology or foreign equivalent training/board

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

Neuropsychology Core

Neurocritical Care Core Privileges

Request <input type="checkbox"/>	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide treatment to patients presenting with critical illnesses or injuries of the neurologic systems, and to admit patients to the intensive care unit.	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum of 100 patients required during the past two years
Maintain current certification or active participation in the examination process leading to certification by the appropriate American Board or foreign equivalent training/board

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

Neurocritical Care Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Moderate Sedation (Criteria - In accordance with Hospital Sedation Policy completion of the SHC sedation exam required every 2 years)	<input type="checkbox"/>
<input type="checkbox"/>	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)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics (Criteria - Teaching appointment required)	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger (Criteria - Membership and privileges at LPCH required)	<input type="checkbox"/>
<input type="checkbox"/>	Transcranial Doppler (Initial Criteria - American Society for Neuroimaging Certification or ACGME qualified Radiology residency. Documentation of performance and/or interpretation of at least 25 studies in the past 2 years. Renewal Criteria - Minimum 25 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Performance and interpretation of Craniocervical ultrasound (carotid and vertebral) (Initial Criteria - American Society for Neuroimaging Certification or ACGME qualified Radiology residency. Documentation of performance and/or interpretation of at least 25 studies in the past 2 years. Renewal Criteria - Minimum 25 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	EMG and nerve conduction velocity (Initial Criteria - Must have one-year training in Clinical Neurophysiology or Neuromuscular Medicine. Renewal Criteria - Minimum 50 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Evoked potentials (auditory, visual, somatosensory or motor) (Initial Criteria - Must have one-year training in Clinical Neurophysiology -OR- Letter from a Department or Division Chief at applicant's current facility, which verifies 2 years of practice and minimum of 10 interpreted evoked potential studies per year. Renewal Criteria - Minimum 25 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Electroencephalography (EEG) (Initial Criteria - Must have one-year training in Clinical Neurophysiology or Epilepsy. -OR- Letter from a Department or Division Chief at applicant's current facility, which verifies 2 years of practice and minimum of half of candidate's efforts were devoted to activities involving epilepsy or clinical neurophysiology. Minimum of 10 interpreted EEG studies per year. Renewal Criteria - Minimum 50 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Video-EEG monitoring (Initial Criteria - Must have one-year training in Clinical Neurophysiology or Epilepsy Or Letter from a Department or Division Chief at applicant's current facility, which verifies 2 years of practice and minimum of half of candidate's efforts were devoted to activities involving epilepsy or clinical neurophysiology. Minimum of 10 interpreted video-EEG studies per year. Renewal Criteria - Minimum 25 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Arterial line placement (Initial Criteria - 5 procedures within the previous 12 months - Case log required. Renewal Criteria - Minimum 10 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Central Venous Catheter Insertion (Criteria - Must complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only)	<input type="checkbox"/>
<input type="checkbox"/>	Subdural tap (Initial Criteria - 10 procedures in past 2 years - Case log required. Renewal Criteria - Minimum of 10 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Skin biopsy (Initial Criteria - Fellowship training in Clinical Neurophysiology, Neuromuscular Medicine, Child Neurology or Neurogenetics, or past performance of at least 10 procedures. Renewal Criteria - Minimum 10 cases done in the past two years.)	<input type="checkbox"/>

<input type="checkbox"/>	Muscle biopsy (Initial Criteria - Must have one-year training in Clinical Neurophysiology or Neuromuscular Medicine. Renewal Criteria - Minimum 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Nerve biopsy (Initial Criteria - Must have one-year training in Clinical Neurophysiology or Neuromuscular Medicine. Renewal Criteria - Minimum 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Interpretation of Muscle Biopsies with Department of Pathology (Initial Criteria - Fellowship training in Neuromuscular Biopsy Interpretation. Must interpret 100 muscle within 2-year period and provide documentation log. Renewal Criteria - Minimum 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Interpretation of Nerve Biopsies with Department of Pathology (Initial Criteria - Fellowship training in Neuromuscular Biopsy Interpretation. Must interpret 50 nerve biopsies within 2-year period and provide documentation log. Renewal Criteria - Minimum 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Trigger-point injection (Initial Criteria - 5 procedures in the past 2 years - Case log required. Renewal Criteria - Minimum of 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Nerve block/injection of superficial nerves, such as greater/lesser occipital, supraorbital, and median nerves (Initial Criteria - 5 procedures in past 2 years - Case log required. Renewal Criteria - Minimum 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Wada test (Initial Criteria - Must have training in Clinical Neurophysiology, Epilepsy or Neuropsychology 2 procedures/in the past 2 years - Case Log required -OR- Letter from a Department or Division Chief at applicant's current facility, which verifies 2 years of practice and minimum of half of candidate's efforts were devoted to activities involving epilepsy or clinical neurophysiology. Minimum of 1 interpreted Wada Study every 2 years. Renewal Criteria - Minimum 1 interpreted Wada Study done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Intraoperative electrocorticography (Initial Criteria - Must have one-year training in Clinical Neurophysiology or Epilepsy. 3 procedures/in the past 2 years - Case Log required. -OR- Letter from a Department or Division Chief at applicant's current facility, which verifies 2 years of practice and minimum of half of candidate's efforts were devoted to activities involving epilepsy or clinical neurophysiology. Minimum of 2 interpreted electrocorticography studies per year. Renewal Criteria - Minimum 3 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Intraoperative neurophysiologic monitoring (Initial Criteria - Must have one-year training in Clinical Neurophysiology. Renewal Criteria - Minimum 50 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Transcranial Magnetic Stimulation (TMS) (Initial Criteria - Must have one-year training in Clinical Neurophysiology and 3 procedures in the past 2 years - Case log required -OR- Complete a minimum of 10 supervised TMS treatments & successfully complete TMS competency exam. Renewal Criteria - Minimum 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Botulinum toxin injection (Initial Criteria - 5 procedures in the last 2 years - Case Log required. Renewal Criteria - Minimum 5 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Polysomnography (Initial Criteria - 10 procedures during the past 2 years - Case Log required. Renewal Criteria - Minimum 10 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of Brain and spine tumors with chemotherapy (Initial Criteria - Experience or United Council on Neurologic Specialties Neuro-Oncology Certificate - 10 procedures during the past 2 years - Case Log required. Renewal Criteria - Minimum 10 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar puncture for injections - Chemotherapy (Initial Criteria - Experience or United Council on Neurologic Specialties Neuro-Oncology Certificate. 10 procedures during the past 2 years - Case Log required. Renewal Criteria - Minimum 10 cases done in the past two years.)	<input type="checkbox"/>
<input type="checkbox"/>	VP Shunt Adjustment (Initial Criteria - Training in shunt adjustment/programming by member of Stanford Dept. of Neurosurgery Faculty with oversight of at least 3 cases during training. Renewal Criteria - Minimum 3 cases performed in the past two years.)	<input type="checkbox"/>

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- Administration of Moderate Sedation
- Use of fluoroscopy equipment (or supervision of other staff using the equipment)
- Treatment of patients in outpatient clinics at Stanford Hospital & Clinics
- Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger
- Transcranial Doppler
- Performance and interpretation of Craniocervical ultrasound (carotid and vertebral)

- EMG and nerve conduction velocity
- Evoked potentials (auditory, visual, somatosensory or motor)
- Electroencephalography (EEG)
- Video-EEG monitoring
- Arterial line placement
- Central Venous Catheter Insertion
- Subdural tap
- Skin biopsy
- Muscle biopsy
- Nerve biopsy
- Interpretation of Muscle Biopsies with Department of Pathology (Chart Review)
- Interpretation of Muscle Biopsies with Department of Pathology (Direct Observation)
- Interpretation of Nerve Biopsies with Department of Pathology (Chart Review)
- Interpretation of Nerve Biopsies with Department of Pathology (Direct Observation)
- Trigger-point injection
- Nerve block/injection of superficial nerves, such as greater/lesser occipital, supraorbital, and median nerves
- Wada test
- Intraoperative electrocorticography
- Intraoperative neurophysiologic monitoring
- Transcranial Magnetic Stimulation (TMS)
- Botulinum toxin injection
- Polysomnography
- Treatment of Brain and spine tumors with chemotherapy
- Lumbar puncture for injections - Chemotherapy
- VP Shunt Adjustment (Chart Review)
- VP Shunt Adjustment (Direct Observation)

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