

CRITERIA FOR GRANTING NEUROSURGERY PRIVILEGES

Please review these privileges carefully to determine those privileges for which you are qualified, either by proof of training or experience. Physicians requesting privileges should have completed an approved residency and be board certified or eligible in Neurosurgery or have five years successful practice in Neurosurgery.

Privileges: To admit, treat and consult with limitation. Consultation strongly suggested for any case in which diagnosis or management remain in question for a longer than usual period of time.

<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ SKULL FRACTURES	_____	_____
_____ CRANIOTOMY	_____	_____
_____ ALL INTRACRANIAL PROCEDURES	_____	_____
_____ CERVICAL LAMINECTOMY W/ DISKECTOMY	_____	_____
_____ THORACIC LAMINECTOMY	_____	_____
_____ LUMBAR LAMINECTOMY	_____	_____
_____ SPINAL FUSION W/ HOMO OR ALLOGRAFT	_____	_____
_____ SCALENIOTOMY	_____	_____
_____ SYMPATHECTOMY	_____	_____
_____ DECOMPRESSION NERVE ROOT	_____	_____
_____ PERIPHERAL NERVE SURGERY	_____	_____
_____ TRANSPHENOIDAL SURGERY	_____	_____
_____ MICROVASCULAR NEUROSURGERY	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On the basis of my training and experience, I am qualified to exercise and request the privileges which I have checked.

I have not requested privileges for any procedures for which I am not qualified. I am familiar with the laws of the State governing the practice of medicine and pledge to abide by these laws.

PRIVILEGES APPROVED: AS REQUESTED AS MODIFIED BELOW

Applicant's Signature

Date

Chair, Surgery Department

Date