

TEXAS SPINE & JOINT HOSPITAL

DELINEATION OF PRIVILEGES NEUROLOGY

NAME: _____

INITIAL APPOINTMENT/REAPPOINTMENT
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	DIAGNOSIS AND MEDICAL TREATMENT OF:		
	Infectious diseases of the central nervous system		
	Vascular disease of the central nervous system		
	Tumors:		
	Intracranial, spinal, peripheral nerve		
	Developmental defects of skull, brain, spine and spinal cord		
	Neurologic diseases of degenerative and hereditary origin		
	Neurologic diseases of metabolic origin:		
	Toxic, infectious, autoimmune		
	Myelin disease		
	Parosysmal disorders		
	Neurologic diseases due to toxins		
	SPECIAL PROCEDURES (Procedures with * require documentation of training)		
	Lumbar puncture		
	Electroencephalography		
	Pharyngeal electrode placement for Electroencephalography		
	Muscle Biopsy*		
	Electromyography		
	Evoked response testing (eyes, ears, body)*		
	Conscious Sedation (SEE ATTACHED CRITERIA AND APPLICATION)		

Acknowledgment of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner's Signature Date

The application for staff membership, including references/evaluations, and requested clinical privileges have been reviewed by:

		Recommendation:
		Approved Denied Deferred
Section Chairman	Date	_____
		Approved Denied Deferred
Department Chairman	Date	_____