

## Privileges in Neurology

**Applicant's 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. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

### Required Qualifications

|                           |  |
|---------------------------|--|
| <b>Education/Training</b> | <p>Successful completion of an ACGME or AOA accredited Residency training program in Neurology or Child Neurology or foreign equivalent training</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in Neurology or Child Neurology by the American Board of Psychiatry and Neurology or American Osteopathic Board of Neurology and Psychiatry or foreign equivalent training/board.</p> <p style="text-align: center;"><b>AND</b></p> <p>Documentation or attestation of the management of problems for at least 50 inpatients or outpatients as the attending physician (or senior resident) required during the past 2 years</p> |
| <b>FPPE Chart Reviews</b> | <p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>  |

**Core Privileges**

| Request | <p align="center"><b>Request all privileges listed below.</b><br/> <i>Uncheck any privileges that you do not want to request.</i></p>   | Dept<br>Chair<br>Rec |
|---------|---|----------------------|
|         | <b>CORE Privileges</b>  |                      |
|         | Privileges to admit, evaluate, consult, perform history and physical exam, and provide nonsurgical treatment to patients presenting with illnesses or injuries of the neurologic system |                      |
|         | Conducting a thorough general and neurological examination  |                      |
|         | Determining the indications for and limitations of clinical neurodiagnostic tests   |                      |
|         | Interpreting the clinical neurodiagnostic tests   |                      |
|         | Correlating the information derived from these neurodiagnostic tests with patient clinical history and examination to formulate a differential diagnosis and management plan            |                      |
|         | Interpreting clinical neuroimaging studies including CT and MRI   |                      |
|         | Tensilon test   |                      |
|         | Lumbar puncture   |                      |
|         | Skin biopsies   |                      |

**Qualifications**

**Renewal Criteria**                      Minimum of 50 inpatient or outpatient cases required during the past two years

**FPPE**

Core: Neurology - (Chart Review)

## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

| Request | <b>Request all privileges listed below.</b><br><i>Uncheck any privileges that you do not want to request.</i>   | Dept<br>Chair<br>Rec |
|---------|---|----------------------|
|         | Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]  |                      |
|         | <b>Diagnostic Procedures:</b>   |                      |
|         | EEG interpretations [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 20 cases required in the past two years.]                                       |                      |
|         | 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 20 cases required in the past two years.]                              |                      |
|         | Wada test [Initial Criteria - EEG Fellowship plus perform 2 procedures/2-year period. -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 Wada studies per year. Renewal Criteria - Minimum 4 cases required in the past two years.]   |                      |
|         | Intraoperative Electrocorticography [Initial Criteria - Must have one-year of Fellowship training in Clinical Neurophysiology or Epilepsy. Renewal Criteria - Minimum 4 cases required in the past two years.]  |                      |
|         | Intraoperative neurophysiologic monitoring [Initial Criteria - Must have one-year of training in Clinical Neurophysiology or epilepsy fellowship. Renewal Criteria - Minimum 10 cases required in the past two years.]  |                      |
|         | Magnetic brain stimulation [Initial Criteria - Must have one-year of training in Clinical Neurophysiology. Renewal Criteria - Minimum 2 cases required in the past two years.]  |                      |
|         | EMG and nerve conduction studies [Initial Criteria - Must have one-year of training in Clinical Neurophysiology or Neuromuscular Medicine Renewal Criteria - Minimum 20 cases required in the past two years.]  |                      |
|         | Evoked potentials: Somatosensory, Visual, or Auditory [Initial Criteria - Must have one-year of 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 half of candidate's efforts were devoted to activities involving epilepsy or clinical neurophysiology. Minimum of 12 interpreted evoked potential studies per year. Renewal Criteria - Minimum 10 cases required in the past two years.] |                      |
|         | Muscle and nerve biopsies [Initial Criteria - Neuromuscular Fellowship -AND- Documentation of prior experience. Renewal Criteria - Minimum 4 cases required in the past two years.]   |                      |
|         | Ommaya reservoir tap [Initial Criteria - Must have one-year training in Clinical Neuro Oncology Fellowship -OR Minimum of 4 Ommaya reservoir access procedures within the past two years. Renewal criteria: Minimum 4 cases done in the past two years]   |                      |

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|  | Interpretation of Muscle or Nerve Biopsies with Department of Pathology [Initial Criteria - Fellowship training in Neuromuscular Biopsy Interpretation. Must interpret 100 muscle or 50 nerve biopsies within 2-year period and provide documentation log Renewal Criteria - Minimum 5 cases required in the past two years.]  |  |
|  | Transcranial Doppler [Initial Criteria - Completion of one-year stroke or neuro-critical care fellowship -AND- Documentation of prior experience. Renewal Criteria - Minimum 5 cases required in the past two years.]  |  |
|  | <b>Therapeutic Procedures:</b>   |  |
|  | Botulinum toxin injections [Initial Criteria - Movement Disorders Fellowship -OR- Documentation of mentored experience in at least 12 half-day clinic sessions Renewal Criteria - Minimum 10 cases required in the past two years.]  |  |
|  | Functional Cortical and Subcortical Mapping by Stimulation in Intracranial EEG [Initial Criteria - Completion of an Epilepsy or Clinical Neurophysiology fellowship. Renewal Criteria - Minimum 3 cases required in the past two years.]   |  |
|  | Treatment of CNS tumors: i.e., Administration of Oral, Intravenous, Intramuscular, Ventricular Reservoir, and Other Route [except lumbar] Chemotherapy and Supportive Drugs, Plus Primary Therapeutic Management of the Patient with a Brain or Spine Tumor [Initial Criteria - Documentation of oncology/neuro-oncology experience in a 12-month fellowship -OR- United Council of Neurologic Specialties Neuro-Oncology Certificate Renewal Criteria - Minimum 10 cases required in the past two years.] |  |
|  | Therapeutic lumbar puncture [Initial Criteria - Completion of a Neuro-oncology fellowship (Certified by the United Council for Neurologic Subspecialties) OR documentation of 3 supervised training procedures. Renewal Criteria - Minimum 1 procedure required in the past two years.]  |  |
|  | Sphenopalatine Ganglion (SPG) Block [Initial Criteria - Attestation of 6 prior cases in Pain or Headache Fellowships OR mentored experience and clinical practice of 6 prior cases. Renewal Criteria - Minimum 5 cases required in the past two years.]  |  |
|  | Diagnostic & Therapeutic repetitive transcranial magnetic stimulation - Documentation or attestation of a training course by either: 1) documented TMS training course of 2-4 full days OR 2) documented training in person or virtually by a clinician established and recognized to be expert in TMS AND 3) In service device training with a technical representative from the manufacturer of a TMS device   |  |

**FPPE**

- EEG Interpretations
- Video - EEG Monitoring
- Wada test
- Intraoperative Electroocortigraphy
- Intraoperative Neurophysiologic Monitoring
- Magnetic Brain Stimulation
- EMG and Nerve Conduction Studies
- Evoked Potentials: Somatosensory, Visual, or Auditory; Botulinum Toxin Injections
- Muscle and Nerve Biopsies
- Interpretation of Muscle or Nerve Biopsies with Department of Pathology
- Transcranial Doppler
- Botulinum toxin injections (Chart Review)
- Functional Cortical and Subcortical Mapping by Stimulation in Intracranial EEG (Chart Review)
- Treatment of CNS tumors (Chart Review)
- Treatment of CNS tumors (Direct Observation)
- Therapeutic lumbar puncture (Chart Review)
- Therapeutic lumbar puncture (Direct Observation)
- Sphenopalatine Ganglion (SPG) Block - (Chart Review)
- Diagnostic & Therapeutic repetitive transcranial magnetic stimulation (Chart Review)
- Diagnostic & Therapeutic repetitive transcranial magnetic stimulation (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 Children's Health. 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 |
|-----------|---|
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**Service Chief Recommendation - FPPE Requirements**

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