

Neurology

Name: \_\_\_\_\_

MEDICAL STAFF CATEGORY REQUESTED:

- Active – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.*
- Courtesy - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.*
- Consulting – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.*

Qualifications:

To be eligible for privileges in neurology, the applicant must meet the following qualifications:

- Demonstration of the management of at least 100 inpatient neurological patients in the past two years, or demonstrated successful completion of a hospital-affiliated formalized neurology residency or clinical fellowship in the past two years; **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
- Documented equivalent training as deemed accepted by the Medical Staff; i.e., formal training and experience received in a neurology residency/fellowship program.

**Neurology Privileges (Please indicate with a check mark the privileges requested)**

- Evaluate, diagnose, and provide nonsurgical therapy to patients of all ages—except as specifically excluded from applicant's practice—to treat or correct illnesses or injuries of the neurologic system including the provision of consultation.
- Autonomic testing
- EEG interpretation
- EMG and nerve conduction velocity interpretation
- Somatosensory evoked responses
- Auditory evoked responses
- Visual evoked responses
- Lumbar puncture
- Local anesthesia.

If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.

**Acknowledgement of practitioner:**

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 **Harris Methodist Southlake**, and

I understand that:

(a) 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.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Credentials Review Recommendations:     Recommend     Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Recommended/Not recommended with the following modification(s) and reason(s):

\_\_\_\_\_  
\_\_\_\_\_