UNIVERSITY OF MARYLAND MEDICAL CENTER

Department of Neurology Delineation of Privilege Form

Applicants for membership in the Department of Neurology of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff.

Name: Date:					
Please indicate the Staff Cate	gory to which y	you wish to apply: (refer	to Medical St	aff Bylaws for q	ualifications)
	Active	Courtesy	Ass	sociate	
Please check where privileges wi	ll be performed:	Neurology Outpatien	nt Clinic	_ University M	edical Center
Board Certification Status:	American Bo	ard of	Ye	_	
	Other Boards	s:	No	s Year: _ gible until: _	
Privilege/Operative Procedur	re			Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category 0: In the case of an edegree permitted by his/her lice or clinical privileges, shall be pa patient or to save a patient from Bylaws	ense and regardlermitted to do e	ess of Medical Staff statu everything possible to save	s, service e the life of	√ *	Yes
implementation and evaluat Ordering, Interpreting, and clinical problems and health Performs Preventative healt treatment plans. Ambulatory Service locations are as	oner will routinely clude: and care involving ion. evaluating diagnosts care needs. h care counseling as follows:	interact with patients as the pri g observation, assessment, plant ic tests to identify and assess pa nd instructs patients and/or fam	mary care or ning, atients'		
Neurology Clinic : Privileges inclute to lumbar punctures, intravenous is autonomic testing, EMG/NCS, EE	nfusions, skin bio	opsy, Botulinum toxin inject			
Category I - Core Privileges: To completed an ACGME approved I be a candidate for Board Certifica admitting, evaluating, diagnosing, presenting with suspected illnesse conducting neurologic exam, deteneurodiagnostic tests and interpret these tests with patient's clinical h management plan. Core procedure electromyography, muscle biopsydoppler and ultrasound studies.	be eligible for co Neurology resident ation. Core privil and providing not sor injuries of the rmining indication ing these tests, are istory and exam to res include lumba	ore privileges, applicants municy program and be Board Coleges include but are not lined in surgical treatment to patient eneurologic system including for and limitations of clinical correlating information do formulate differential diagrar puncture, nerve conduction	Certified or mited to ents ng ical erived from gnosis and on and		

Date: _____

Privilege/Operative Procedure		Chair Approval Initial if Yes Write Not Approved if No
<u>Category II</u> : to be eligible for Category II privileges, applicants must have completed ACGME approved Neurology Fellowship program, be Board Certified or be a candidate for Board Certification, and/or provide documentation as to course work and recent experience. Category II privileges are as follows:		
Polysomnography (sleep studies)		
Cortical electrophysiologic functional mapping		
Wada tests		
Botulinum toxin injections		
Magnetic central and peripheral nervous system stimulations		
Drug Infusion Therapy		
<u>Category III</u> : to be eligible for Category III privileges, applicants must have complete ACGME approved fellowship program, be Board Certified or be a candidate for Board Certification, and have completed fellowship and provide documentation as to course wand recent experience. Category III privileges are as follows:	l	
Category IV: Special/Cross Disciplinary Procedures:		
 Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach) 2. Completion of basic airway management in-service initially and every two years (required for reappointment) (Physicians certified in Anesthesiology, Critical Care, Neonatology, Oral & Maxillofo Surgery or Emergency Medicine are not required to fulfill criteria)(Physicians who are PALS or ACLS certified are not required to fulfill criteria 1) 		
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon		
Nd-Yag		
Other:		
Ultrasound Procedures (please list)		
Applicant's Signature	Date	1
Division Chief,	Date	
William J. Weiner, Chairman, Department of Neurology	Date	
Applicant's Confirming Signature (required if any requested privilege is not approved)	Date	

Name: _____