

UNIVERSITY OF MARYLAND MEDICAL CENTER
Department of Neurosurgery
Delineation of Privilege Form

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

Please indicate the Staff Category to which you wish to apply: (refer to Medical Staff Bylaws for qualifications)

_____ **Active** _____ **Courtesy**

Please check where privileges will be performed:

___ **Neurosurgery Clinic** ___ **University Medical Center** ___ **All Sites**

Name: _____ **Date:** _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. <i>*Approved per the Medical Staff Bylaws</i>	√*	Yes
Category I- Core Privileges: to be eligible for core privileges, applicants must have completed an ACGME approved Neurosurgery Surgery residency program and be Board Certified or a candidate for Board Certification.		
Outpatient/Ambulatory Services: Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: <ul style="list-style-type: none"> • General patient examination and care involving observation, assessment, planning, implementation and evaluation. • Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs. • Performs Preventative health care counseling and instructs patients and/or families on treatment plans. Ambulatory Service locations are as follows:		
Neurosurgery Clinic (NGE19L): Privileges include ambulatory core privileges as listed above.		
UMMC Category I - Core Privileges:		
Diagnostic: Myelography, discography, Percutaneous Cerebral Angiography, and Ventriculography.		
Craniotomy, Craniectomy for: Trauma, Hematoma, Abscess, Tumor, Biopsy, Arteriovenous Malformations, Anterior and Posterior Circulation Aneurysms, Resection of Seizure Focus, Acoustic and Trigeminal Neuromas, and Microvascular Decompression for Trigeminal and Hemifacial Spasm		
Transsphenoidal Surgery: Pituitary and Sellar Tumors		
Stereotactic Surgery: Biopsy and Aspiration, Lesion Generation for Movement Disorders and Chronic Pain		
Ventricular Shunting		
Devices for Measurement of ICP and/or CSF Drainage		
CSF Reservoirs		
Cranioplasty		
Cranial facial Surgery		
Treatment of Trigeminal Neuralgia: Radiofrequency Lesions, Injections of Glycerol or other agents, and Blocks of Peripheral Branches		
Pediatric: Craniosynostosis, Cranial Facial Surgery, Surgery of Spinal Dysraphic States other than Myelomeningocele or Menigocele, Repair of Myelomeningocele and Meningocele		

Name: _____

Date: _____

Privilege/Operative Procedure	Check (✓) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Spinal Cord & Spine: Tumors of the Spinal Cord, Arteriovenous Malformations, Arnold-Chiari, Myringomyelia, Spinal Cord Lesions for Treatment of Pain and Spasticity, Spinal Cord Stimulations, Indwelling Catheters and Pumps, Lumbar Peritoneal Shunts, Application of Cranial Tongs or Halo Apparatus, Closed Reduction of Cervical Fractures by Traction, Laminectomy for Tumor or AVM, Poster and Anterior Cervical Disc Surgery		
Thoracic Spine: Laminectomies, Laminotomies, Foramenotomies, Costotransversectomy, anterior Surgery of the Thoracic Spine (with Thoracic Surgery)		
Lumbar Spine: Laminectomies, Laminotomies, Foramenotomies, Anterior Approaches to the Spine, Posterior Lumbar Interbody Fusions, Intradiscal Injections of Enzymes		
Vascular: Carotid Endarterectomy, Extracranial Bypass Surgery of Carotid and Vertebral Arteries		
Peripheral Nerve Surgery: Decompression, external and internal neurolysis, transposition, Repair, Nerve Grafts, Nerve Stimulators, surgery of Peripheral Cranial Nerves		
Category II: to be eligible for Category II privileges, applicants must have completed an ACGME approved Neurosurgery residency program, be Board Certified or a candidate for Board Certification, and provide documentation as to course work and recent experience. Category II privileges are as follows:		
Gamma Knife (<i>requires completion of neurosurgery residency after 1991 or approved course</i>)		
Category III: Special/Cross Disciplinary Procedures:		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon		
Nd-Yag		
Ultrasound Procedures (please list)		

Applicant's Signature

Date

Howard M. Eisenberg, MD, Chairman

Date

Applicant's Confirming Signature
(required if any requested privilege is not approved)

Date

**UNIVERSITY OF MARYLAND MEDICAL CENTER
APPLICATION FOR INITIAL PRIVILEGES FOR CLINICAL USE OF LASERS**

NAME: _____

DEPT/DIVISION: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE: _____

For which type of laser are you applying for privileges?

Carbon Dioxide ____ **Argon** ____ **Nd-YAG** ____ **Other** _____

Approximately how many cases have you done with the laser?

Carbon Dioxide ____ **Argon** ____ **Nd-YAG** ____ **Other** _____

For what types of surgery do you use the laser? _____

Formal courses taken in laser surgery: Specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

Training with lasers during residency and/or during practice: Where it occurred, who supervised you, number of cases done with supervision, dates.

After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax it to 410-328-6433.

Applicant's Signature

Date

Signature of Department/Division Chief

Date

Approved by Credentials Committee Member

Date

**UNIVERSITY OF MARYLAND MEDICAL CENTER
APPLICATION FOR RECERTIFICATION FOR CLINICAL USE OF LASERS**

NAME: _____

DEPT/DIVISION: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE: _____

Current privileges are for the following lasers:

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other _____

Please list the type of laser and procedures for which you are requesting continued privileges. (Use additional pages if needed for the following information.)

TYPE OF LASER	PROCEDURES

List the laser cases which you have done in the past two years:

TYPE OF LASER	PROCEDURE	NUMBER DONE	NUMBER AND TYPE OF COMPLICATIONS, IF ANY

Since your original certification, have you had any further formal courses in laser surgery? If so, specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax to 410-328-6433.

Applicant's Signature

Date

Signature of Department/Division Chief

Date

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