

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**

**Neurology**

**Delineation of Privilege Form**

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

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

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Hold in Abeyance (provide explanation)
<b>Category I Privileges</b>				
Admit and treat and / or consult on condition / problem requiring skills or knowledge obtained in the subspecialty of neurology				
ICU / CCU privileges for admission, treatment and / or consultation of the neurology subspecialty needs of the patient				
Injection of steroids and / or local anesthesia				
Intrathecal injections				
Lumbar puncture				
Neostigmine and Tensilon tests				
Electroencephalography, interpretation of				
Electroencephalography, monitoring				
Evoked potentials, interpretation				
Evoked potentials, monitoring during surgery				
Botulism toxin injection				
<b>Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency or other acceptable advanced training</b>				
Insertion of EEG nasopharyngeal electrodes				
Electromyography, performance and interpretation				
Electronystagmography, performance and interpretation				
Electroencephalography and video tape analysis, long term monitoring				
Interpretation of sleep studies				
Nerve and muscle biopsy				

**Acknowledgment of Practitioner:**

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date