

Name: _____

Date: _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category II: <i>to be eligible for Category II privileges, applicants must have completed an 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:</i>		
Polysomnography (sleep studies)		
Cortical electrophysiologic functional mapping		
Wada tests		
Botulinum toxin injections		
Magnetic central and peripheral nervous system stimulations		
Drug Infusion Therapy		
Category III: <i>to be eligible for Category III privileges, applicants must have completed an ACGME approved fellowship program, be Board Certified or be a candidate for Board Certification, and have completed fellowship and provide documentation as to course work and recent experience. Category III privileges are as follows:</i>		
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) <i>(Physicians certified in Anesthesiology, Critical Care, Neonatology, Oral & Maxillofacial Surgery or Emergency Medicine are not required to fulfill criteria)(Physicians who are PALS or ACLS certified are not required to fulfill criteria 1)</i>		
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon		
Nd-Yag		
Other: _____		
Ultrasound Procedures (please list)		

Applicant's Signature

Date

Division Chief,

Date

Peter Crino, MD,
Chairman, Department of Neurology

Date

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

Date