

**ATRIUM HEALTH  
REAPPOINTMENT DELINEATION OF PRIVILEGES  
SPECIALTY OF NEUROLOGY**

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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**\*If the answer is “No”, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

**If you would like to request Moderate Sedation (Conscious Sedation), please see the Moderate Sedation Delineation of Privileges form.**

**Initial appointment**     **Reappointment**     **Updated DOP**     **Request for Clinical Privileges**

**To be eligible for core privileges in Neurology, the applicant must meet the following qualifications:**

- If the applicant is not currently certified in Neurology by the American Board of Psychiatry and Neurology (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Neurology; **AND**
  2. Demonstrate sufficient experience in Neurology skills to safely undertake the full spectrum of the Neurology procedures being requested. Experience must include evidence of current clinical competence to include inpatient or outpatient neurological services during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
  
- If the applicant is currently certified in Neurology by the American Board of Psychiatry and Neurology (ABMS) or the American Osteopathic Association, the applicant must:
  1. Demonstrate sufficient experience in neurology skills to safely undertake the full spectrum of Neurology procedures. Experience must include evidence of current clinical competence to include inpatient or outpatient neurological services during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name \_\_\_\_\_

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Neurology at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		NEUROLOGY CORE PRIVILEGES
			N/A							CNEU-1	Privileges to evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle. These core privileges do not include any of the special procedures listed below.

NOTE: Privileges include, but are not limited to, EEG Interpretation, Evoked Potentials, Multimodality EEG Interpretation, lumbar puncture.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>CORE NEUROLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u></b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CNEU-14	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

Print Name \_\_\_\_\_

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		CHILD NEUROLOGY CORE PRIVILEGES
			N/A							CNEU-2	Privileges to evaluate, diagnose, treat, and provide consultation to infants and children except as specifically excluded from practice, with all types of disease or disorders or impaired function, both acquired and congenital, of the brain, spinal cord, peripheral nerves, muscles and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle. These core privileges do not include any of the special procedures listed below.

NOTE: Privileges include, but are not limited to, EEG Interpretation, Evoked Potentials, Multimodality EEG Interpretation, lumbar puncture.

Print Name \_\_\_\_\_

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		SPECIAL NEUROLOGY PRIVILEGES Must apply for and maintain Adult or Child Neurology Core Privileges (CNEU-1 or CNEU-2)
			N/A					N/A		CNEU-3 *	Transcranial Doppler
		N/A	N/A	N/A				N/A		CNEU-4 *	Deep Brain Stimulation (DBS) / Intraoperative Microelectrode Recording/Interpretation DBS Programming
			N/A					N/A		CNEU-5*	Botulinum Toxin Injection
	N/A	N/A	N/A	N/A				N/A		CNEU-6*	Electrocorticography*
	N/A	N/A	N/A	N/A				N/A		CNEU-7*	Brain Mapping Using Cortical Stimulation*
	N/A	N/A	N/A	N/A				N/A		CNEU-8*	Intracarotid (Short-Acting Anesthetic) Procedure (WADATest)*
			N/A					N/A		CNEU-9*	Skin Punch Biopsy
			N/A					N/A		CNEU-10*	Trigger Point Injections
			N/A					N/A		CNEU-11*	Electromyography/Nerve Conduction Studies
			N/A					N/A		CNEU-13*	Occipital Nerve Blocks

Print Name \_\_\_\_\_

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE.		Must apply for and maintain Adult or Child Neurology Core Privileges (CNEU-1 or CNEU-2)	Number Performed Within The Past 2 Years	Location
		N/A	N/A	N/A				N/A		CNEU-12*	Medical Acupuncture		

\*Applicant must provide documentation from their training program of at least 200 hours of AMA Category I training in Medical Acupuncture, deemed satisfactory by the Neurology Chief. In addition, the applicant may be required to demonstrate to the Neurology Chief knowledge of the risks, benefits, and contraindications of the procedure.

Physicians practicing Medical Acupuncture are expected to establish diagnoses within the traditional framework of Western medical thought, through an appropriate work-up of the patient's condition. It is noted that Acupuncture shall be used in concert with traditional Western medical thought and will not be used as the first alternative unless medical necessity indicates that it is the preferred procedure. The patients' treatment options should also be documented and the rationale for using Medical Acupuncture in each particular situation.

To be eligible for core privileges in Neurocritical Care Core Privileges, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Neurocritical Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
  1. Provide documentation of certification in Neurology from the ABMS or AOA; **AND**
  2. Provide documentation of successful completion of a Neurocritical Care Fellowship training program, within the past five (5) years; **AND**
  3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

**OR**

- If the applicant is currently subspecialty certified in Neurocritical Care by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of subspecialty certification in Neurocritical Care from the ABMS or AOA; **AND**
  2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		NEUROCRITICAL CARE CORE PRIVILEGES
			N/A						N/A	CNEU-15	Privileges to evaluate, diagnose, and provide treatment to critically ill patients, both adult and young adult, (inclusive of neurological or postneurosurgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders.

NOTE: Privileges include but not limited to airway maintenance, elective intubation with \*\*\*moderate sedation (including direct laryngoscopy and fiberoptic laryngoscopy); arterial puncture and arterial line placement; bladder catheterization; bronchoscopy; calibration and operation of hemodynamic recording systems; cardiac output determinations by thermodilution and other techniques (including pulmonary artery balloon flotation catheters); cardiopulmonary resuscitation; calculation of oxygen content; cardioversion; electrocardiogram interpretation; insertion and management of chest tubes including pig tail catheters and draining systems, needle insertion and drainage systems; insertion of central venous catheters; insertion of hemodialysis catheters; interpretation of intracranial pressure monitoring; lumbar puncture; paracentesis; percutaneous needle aspiration of joints and superficial fluid collections; thoracentesis; ultrasound guided venous catheter placement; ventilator management (both invasive and non-invasive), including experience with various modes. \*\*\*Neurocritical Care Physicians function in accordance with the Moderate and Deep Sedation in Adult and Pediatric Patients for Critical Care Providers Policy.

**Maintenance Criteria for Continued Neurocritical Care Core (CNEU-15) Privileges:**

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	SPECIAL PRIVILEGES Must apply for and maintain Neurocritical Care Core Privileges (CNEU-15)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CNEU-15(a)* (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam	25		
			N/A							CNEU-15(b)* Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function)	25		
			N/A							CNEU-15(c)* Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal)	25		

**QUALIFICATIONS (CNEU-15(a-c)):**

Applicants shall present evidence of at least one of the following:

1. Provide documentation of the successful completion of a fellowship program in Neurocritical Care within the past two (2) years and have written documentation from the Program Director demonstrating competency in each requested ultrasound application; **OR**
1. Provide documentation of at least twenty-five (25) cases performed within the past two (2) years for each requested ultrasound application; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested ultrasound application. You must provide documentation of proctoring for twenty-five (25) cases for each requested ultrasound application.

**Maintenance Criteria for Continued Privileges:**

The Physician must submit minimum of twenty-five (25) ultrasound cases during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**PRIVILEGES REQUESTED BY:**

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 Atrium Health 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**CNEU-3 TRANSCRANIAL DOPPLER**

**EXPLANATION:** Doppler ultrasound examination of the major intracranial arteries performed by locating and following the doppler velocity signals from these vessels.

**QUALIFICATIONS:** The interpreter should be familiar with intracranial hemodynamics and capable of performing and evaluating the procedure results.

Applicants shall present evidence of at least one of the following:

1. Certification by the American Society of Neuro-imaging; **OR**
1. Provide documentation of the successful completion of a residency program in Neurology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Transcranial Doppler; **OR**
1. Certification by immediate or present chief of service or designee under whose supervision fifty (50) procedures have been interpreted satisfactorily, and ability to do the test without a technician has been demonstrated; **AND**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Transcranial Doppler. You must provide documentation of proctoring for fifty (50) procedures.

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**CNEU-4 DEEP BRAIN STIMULATION (DBS) / INTRAOPERATIVE MICROELECTRODE RECORDING/INTERPRETATION DBS PROGRAMMING**

**EXPLANATION:** - DBS is the neurosurgical placement of electrodes into the deep nuclei of the brain. The role of the Neurologist, Electrophysiologist, Physician Assistant or Nurse Practitioner is to interpret microelectrode recordings to assist the surgeon with proper placement. These recordings appear on a computer on the non-sterile side in the operating room. The electrode is physically implanted by the neurosurgeon via burr hole and then is driven via computer by the provider on the non-sterile side. In the outpatient setting, the stimulator can be programmed with a handheld computer, much like a pacemaker, to deliver finely tuned electrical pulses to control various abnormal movements.

**QUALIFICATIONS:**

The applicant must meet the following:

1. Provide documentation of the successful completion of a Movement Disorders Fellowship within the past two (2) years and have written documentation from the Program Director demonstrating competency in DBS; **OR**
1. Completed a formal course in Intraoperative Microelectrode Recording, if that privilege is requested, and provide documentation; **AND**
2. Completed a formal course in programming DBS, if that privilege is requested, and provide documentation; **AND**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform DBS. You must provide documentation of proctoring for three (3) procedures.

**CNEU-5      BOTULINUM TOXIN INJECTION**

**QUALIFICATIONS:**

The applicant must meet the following:

1. Completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in which experience in Botulinum Toxin Injections was incorporated; **AND**
2. Provide documentation from the training program director that the physician has acquired skills and demonstrated competence in its performance;

**OR**

1. Present evidence of having met the training requirements which renders the physician eligible for certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Association; **AND**
2. Must provide evidence of having been proctored (under direct supervision) in the performance of five (5) injections by a physician who is credentialed to perform this procedure. Proctor will assess applicant's understanding of the indications, contraindications, risks and benefits of the procedure, as well as the applicant's ability to perform the procedure.

## CNEU-6 ELECTROCORTICOGRAPHY

**EXPLANATION: Electrocorticography (ECoG)** refers to the recording and interpretation of electroencephalograms obtained from electrodes placed directly on the cerebral cortex. It is typically used to localize epileptogenic tissue for resection, or during cortical stimulation for brain mapping (see below). It may be performed intra-operatively or extra-operatively typically in the Epilepsy Monitoring Unit (EMU).

When ECoG occurs intra-operatively; the neurosurgeon performs a craniotomy and places the recording electrodes in sterile fashion. Anesthesia is reduced until functional testing is feasible. Then, the EEG monitoring is supervised and interpreted by the Neurologist from the non-sterile side of the procedure. In the extra-operative setting, the craniotomy has been closed leaving intracranial electrodes in situ and the recording typically occurs with the patient in the Epilepsy Monitoring Unit (EMU).

### **QUALIFICATIONS:**

1. The applicant must provide the following:
  - a. Documentation of certification in Neurology by the American Board of Psychiatry and Neurology (ABMS) or the American Osteopathic Association (AOA); **OR**
  - b. Documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Neurology;

**AND**
2. The applicant should either:
  - a. Provide documentation of the successful completion of a two (2) year Clinical Neurophysiology Fellowship, including at least a twelve (12) month of rotation in an Epilepsy Monitoring Unit, and have written documentation from the Program Director demonstrating competency in Electrocorticography; **OR**
  - b. Provide documentation of the successful completion of a one (1) year Clinical Neurophysiology Fellowship; **AND**
    1. Documentation of one (1) additional year of clinical experience in an Epilepsy Monitoring Unit with supervision by an experienced Epileptologist who provides written documentation demonstrating competency in Electrocorticography; **AND**
    2. Submit documentation of performance of Electrocorticography procedures on ten (10) patients in a supervised setting; **OR**
    2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Electrocorticography. You must provide documentation of proctoring for ten (10) procedures.

## **CNEU-7 BRAIN MAPPING USING CORTICAL STIMULATION**

**EXPLANATION:** Brain mapping here refers to the topographical localization of specific brain functions, such as language or movement, using pulsed electric current applied to the cortex during functional testing. The electric current is generated by a cortical stimulator and applied through electrodes placed on the surface of the brain. The cortical EEG is recorded simultaneously from adjacent electrodes.

The role of the Neurologist is to set stimulus parameters, interpret the associated cortical electroencephalogram and oversee the functional assessment. The Neurologist may be assisted in functional testing by a Neuropsychologist and in the EEG monitoring by an EEG technologist. The electrodes are physically placed or implanted by the Neurosurgeon via craniotomy.

Brain mapping may be performed either intraoperatively or extraoperatively. When testing occurs intraoperatively, the neurosurgeon performs a craniotomy and places the stimulating and recording electrodes in sterile fashion. Anesthesia is reduced until functional testing is feasible. Then, the stimulator settings, the functional testing and the EEG monitoring are managed by the Neurologist from the non-sterile side of the procedure. In the extraoperative setting, the craniotomy has been closed leaving intracranial electrodes in situ and the testing typically occurs with an awake patient in the Epilepsy Monitoring Unit (EMU).

### **QUALIFICATIONS:**

1. The applicant must provide the following:

- a. Documentation of certification in Neurology by the American Board of Psychiatry and Neurology (ABMS) or the American Osteopathic Association (AOA); **OR**
- b. Documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Neurology; **AND**
- c. Hold Electrocorticography (ECoG) (NEU-8) privileges at the CHS facility for which you are requesting brain mapping using cortical stimulation privileges;

**AND**

2. The applicant should either:

- a. Provide documentation of the successful completion of a two (2) year Clinical Neurophysiology Fellowship, including at least a twelve (12) month of rotation in an Epilepsy Monitoring Unit, and have written documentation from the Program Director or supervising epileptologist confirming competency in cortical stimulation for brain mapping; **OR**
- b. Provide documentation of the successful completion of a one (1) year Clinical Neurophysiology Fellowship; **AND**
  1. Documentation of one (1) additional year of clinical experience in an Epilepsy Monitoring Unit with supervision by an experienced Epileptologist who provides written documentation demonstrating competency in cortical stimulation for brain mapping; **AND**
  2. Submit documentation of performance of Brain Mapping procedures with cortical stimulation on five (5) patients in a supervised setting; **OR**
  2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Brain Mapping procedures with cortical stimulation. You must provide documentation of proctoring for five (5) procedures.

### **CNEU-8 INTRACAROTID (SHORT-ACTING ANESTHETIC) PROCEDURE (WADA TEST)**

**EXPLANATION: Intracarotid (short-acting anesthetic) Procedure (Wada Test)** refers to the protocol whereby a short-acting anesthetic is injected by a physician credentialed to perform Cerebral Angiography as delineated on the Peripheral Endovascular privileges form; in the angiography suite via a catheter typically placed in the internal carotid artery. A cerebral angiogram is obtained prior to the procedure and a scalp EEG recording is monitored during the procedure. The EEG is used to confirm adequate anesthesia in the affected hemisphere and to rule out unsuspected subclinical seizure activity that might affect the patient's performance. Once the injected hemisphere has been adequately sedated, the patient's language and memory functions are tested (in the awake hemisphere).

The role of the Neurologist is to supervise sedation, assess neurologic function, perform language and memory testing and interpret the associated EEG recording. He may be assisted in the language and memory testing by a Neuropsychologist or Nurse Practitioner, and in the EEG monitoring by an EEG technologist.

#### **QUALIFICATIONS:**

1. The applicant must provide the following:
  - a. Documentation of certification in Neurology by the American Board of Psychiatry and Neurology (ABMS) or the American Osteopathic Association (AOA); **OR**
  - b. Documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Neurology;

**AND**

2. The applicant should either:
  - a. Provide documentation of the successful completion of a two (2) year Clinical Neurophysiology Fellowship, including at least a twelve (12) months of rotations in an Epilepsy Monitoring Unit, and have written documentation from the Program Director demonstrating competency in the Intracarotid (short-acting anesthetic) procedures [Wada test]; **OR**

Provide documentation of the successful completion of a one (1) year Clinical Neurophysiology Fellowship; **AND**

1. Provide documentation of one (1) additional year of clinical experience in an Epilepsy Monitoring Unit with supervision by an experienced Epileptologist who provides written documentation demonstrating competency in the Intracarotid (short-acting anesthetic) procedure [Wada Test]; **AND**
2. Submit documentation of performance of Intracarotid (short-acting anesthetic) procedures (Wada Test) on five (5) patients in a supervised setting; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Intracarotid (short-acting anesthetic) procedure (Wada Test). You must provide documentation of proctoring for five (5) procedures.

**CNEU-9 SKIN PUNCH BIOPSY**

**EXPLANATION:** Punch biopsy is a commonly performed diagnostic procedure on abnormal skin growths or skin tumors. It is performed using a local anesthetic. A pencil-like instrument is used to remove a small, thin cylinder of tissue. The small hole in the skin then may be sutured closed.

**QUALIFICATIONS:**

Applicants shall present evidence of at least one of the following:

1. Provide documentation of the successful completion of a residency program in Neurology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Skin Punch Biopsy; **OR**
  1. Provide documentation of at least five (5) Skin Punch Biopsy cases performed within the past two (2) years; **OR**
  1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Skin Punch Biopsy. You must provide documentation of proctoring for five (5) procedures.
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**CNEU-10 TRIGGER POINT INJECTIONS**

**EXPLANATION:** A trigger point injection is an outpatient procedure designed to reduce or relieve pain caused by trigger points, which are small knots that form in the muscles or in the fascia tissue leading to pain caused by muscle irritation (myofascial pain).

**QUALIFICATIONS:**

Applicants shall present evidence of at least one of the following:

1. Provide documentation of the successful completion of a residency program in Neurology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Trigger Point Injections; **OR**
1. Provide documentation of at least fifty (50) Trigger Point Injections cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Trigger Point Injections. You must provide documentation of proctoring for fifty (50) procedures.

## **CNEU-11 ELECTROMYOGRAPHY/NERVE CONDUCTION STUDIES**

### **QUALIFICATIONS:**

Applicants shall present evidence of at least one of the following:

1. Provide documentation of the successful completion of a fellowship program in Neurophysiology or Neuromuscular within the past two (2) years and have written documentation from the Program Director demonstrating competency in Electromyography/Nerve Conduction Studies by performing at least one hundred (100) cases; **OR**
1. Provide documentation of at least two hundred (200) Electromyography/Nerve Conduction Studies cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Electromyography/Nerve Conduction Studies. You must provide documentation of proctoring for two hundred (200) procedures.

### **Maintenance Criteria for Continued Privileges (CNEU-11):**

The Physician must submit minimum of one hundred (100) EMG/NCT studies during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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## **CNEU-13 OCCIPITAL NERVE BLOCKS**

### **QUALIFICATIONS:**

Applicants shall present evidence of at least one of the following:

1. Provide documentation of the successful completion of a residency program in Neurology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Occipital Nerve Blocks; **OR**
1. Provide documentation of at least five (5) Occipital Nerve Blocks performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Occipital Nerve Blocks. You must provide documentation of proctoring for five (5) procedures.

### **Maintenance Criteria for Continued Privileges (CNEU-13):**

The Physician must submit minimum of three (3) Occipital Nerve Blocks during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**CASE LOG**

Physician's Name: \_\_\_\_\_

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

	<b>DATE</b>	<b>MEDICAL RECORD NUMBER</b>	<b>PROCEDURE TYPE</b>	<b>Name of procedure (as listed on DOP, e.g. CNEU-3)</b>
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