



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF NEUROSURGERY**

Print Name _____

	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.**

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

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

- If the applicant is not currently certified in Neurological Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME accredited residency or fellowship training program in Neurological Surgery, within the past eight (8) years; **AND**
 2. Documentation of the performance of at least one hundred (100) neurosurgical procedures during the past two (2) years; **AND**
 3. Provide documentation of the number and types of hospital cases 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.

- If the applicant is currently certified in Neurological Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of specialty certification in Neurological Surgery from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 2. Documentation of the performance of at least one hundred (100) neurosurgical procedures during the past two (2) years; **AND**
 3. Provide documentation of the number and types of hospital cases 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 CNSU-1, in order to be eligible for clinical privileges in the specialty of Neurosurgery 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 the 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.

NOTE 4: Applicants who wish to apply for Peripheral Endovascular Privileges may do so by requesting the Peripheral Endovascular Delineation of Privilege Form. Please contact the Medical Staff Office for further information.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		NEUROSURGERY CORE PRIVILEGES
			N/A							CNSU-1	<p>Privileges to evaluate, diagnose, treat and provide consultation to patients of <u>all ages</u> (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) to correct or treat various conditions, illnesses, and injuries of the central, peripheral, and autonomic nervous system, including the associated supportive structures and vascular supply. This may be performed by medical, surgical, and physical means including adjunctive energy sources: lasers, cryotherapy, radiation / radiosurgery. The brain, meninges, skull, and their blood supplies, including the extra cranial carotid, subclavian, and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution, including repair and/or decompression of peripheral nerves; Kyphoplasty; Vertebroplasty. Neurosurgeons can review and interpret radiographic, ultrasound, and MRI images and Electro-Physiologic Monitoring / Testing of the neural axis.</p> <p><i>Subspecialty certification by the American Board of Neurosurgery signifies that the physician has done special training and has successfully met all the requirements of the subspecialty certification. A Neurosurgeon certified by the American Board of Neurosurgery is trained, qualified, and certified to perform neurosurgical procedures on pediatric and adult patients.</i></p>

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE NEUROSURGERY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CNSU-2	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.

REFERENCE

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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CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CNSU-1)
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30				
			TOTAL	

REFERENCE ONLY