



**CORE PRIVILEGES  
NEUROLOGY SERVICE**

Neurology is a medical specialty dealing with disorders of the nervous system. Specifically, it deals with the diagnosis and treatment of all categories of disease involving the central, peripheral, and autonomic nervous systems, including their coverings, blood vessels, and all effector tissue, such as muscle.

**QUALIFICATIONS:**

- MD or DO with successful completion of a four-year ACGME or AOA-accredited residency program in neurology;
- Current certification or active participation in the examination process leading to board certification in neurology by the American Board of Psychiatry and Neurology, Inc., (ABPN) or the American Board of Osteopathic Specialists;
- Documentation or attestation of inpatient, outpatient, or consultative neurological services for at least **100** patients during the past two (2) years.

(R)= Requested (A)=Recommended as Requested (C)=Recommended with Conditions (N)=Not Recommended

(R)			(A)	(C)	(N)	Condition/Reason(s)
Yes	No	<b>CORE PRIVILEGES:</b>				
		<p>Privileges to admit, evaluate, diagnose, treat, and provide consultative services for patients with diseases, disorders or impaired function of the brain, spinal chord, peripheral nerves, muscles and autonomic nervous system, including their blood vessels, and other effector tissue, such as muscle.</p> <p>Privileges include, but are not limited to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> EEG Interpretation</li> <li><input type="checkbox"/> Evoked Potentials (auditory, visual, and somatosensory)</li> <li><input type="checkbox"/> Multimodality EEG Interpretation</li> <li><input type="checkbox"/> Electromyography</li> <li><input type="checkbox"/> Nerve conduction studies</li> <li><input type="checkbox"/> Lumbar puncture</li> </ul>				
		<p><b>SLEEP MEDICINE CORE PRIVILEGES:</b> Privileges to admit, evaluate, diagnose, provide consultation to, and treat patients of all ages except where specifically excluded from practice, presenting with conditions or disorders of sleep, e.g. sleep-disordered breathing, circadian rhythm disorders, insomnia, parasomnias, narcolepsy, restless leg syndrome. Privileges include but are not limited to, polysomnography (PSG) (including sleep stage scoring), multiple sleep latency testing (MSLT), actigraphy, sleep log interpretation, home/ambulatory testing, maintenance of wakefulness testing (MWT), Oximetry, Monitoring with Interpretation of EEG, ECG, EOG, Leg EMG+ O<sub>2</sub> saturation, leg movements, thoracic and abdominal movement, and CPAP/BiPAP titration.</p>				<p><i>Sleep Medicine Specialists must be certified by the American Board of Sleep Medicine; have been accepted by an ABMS approved board to sit for the subspecialty examination in sleep medicine; or have completed a 12 month fellowship in sleep medicine and awaiting the first available opportunity to apply to an ABMS board to sit for the sleep medicine examination. ABMS examination in sleep medicine must be passed within 2 examination cycles.</i></p> <p><i>Current demonstrated competence and practice experience in the performance and interpretation of a minimum of 100 studies.</i></p>

**Special Procedures:** Applicants seeking (or renewing) special privileges outside of the core must demonstrate to the Credential/MEC/Board that they are competent to perform the privilege(s) requested by any of the three methods, if no criteria has been established: 1) have performed the procedure(s) in high enough volume within the past 2-years that any quality trends might be detectable; 2) have references attesting to current competency; or 3) have a proctor attest to clinical competency.

<input type="checkbox"/>	<input type="checkbox"/>	<b>SPECIAL PROCEDURES:</b>				
<input type="checkbox"/>	<input type="checkbox"/>	Nerve blocks				
<input type="checkbox"/>	<input type="checkbox"/>	Trigger point injections				
<input type="checkbox"/>	<input type="checkbox"/>	Botox injections				
<input type="checkbox"/>	<input type="checkbox"/>	Moderate Conscious Sedation (consistent with hospital's sedation policy)				Must be ACLS certified, pass proficiency exam, or received training through residency program, documentation required.
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

I attest to meeting the minimum qualifications having managed and/or provided neurological services to at least 100 hospitalized patients in the past two (2) years and have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise at Teche Regional Medical Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

**I have reviewed the requested clinical privileges and supporting documentation and recommended the privileges as indicated above.**

\_\_\_\_\_  
Signature of Service or Department Chair

\_\_\_\_\_  
Date

**Board of Trustees' Decision**

*Teche Regional Medical Center's Board of Trustees*

Does

Does not grant clinical privileges as requested

(if "does not" grant, give reasons in letter to the applicant with a copy of privilege list)

\_\_\_\_\_  
Secretary, Board of Trustees

\_\_\_\_\_  
Date