

APPLICANT NAME: _____

NATCHITOCHEs REGIONAL MEDICAL CENTER
Delineation of Clinical Privileges

NEUROLOGY

- Consultations Only
- Electroencephalogram Interpretation (Pediatrics)
- Electroencephalogram Interpretation
- Electromyography & Nerve Conduction Studies
- Lumbar Puncture
- Myelography
- Other:

I am mentally and physically capable of performing the privileges in which I am requesting:

Applicant's Signature

Date