

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION**

NEUROLOGY

APPLICANT NAME: _____

CORE PRIVILEGES:

Neurological privileges include admission, work up, diagnosis, and provision of nonsurgical treatment for adolescent, adult, and elderly patients with common and complex medical problems including consultation for life-threatening conditions or complications.

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

___ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in**

Internal Medicine.

Subspecialty: _____.

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

CLASS III:

___ **Board certification in Neurology; or**

___ **Active board certification application pending, having completed an ACGME- or AOA- approved**

post graduate training program in Internal Medicine; or

___ **Completion of an ACGME- or AOA-approved post graduate training program and full time internal medicine experience for a minimum of the last three (3) years consecutively.**

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

Other training, please explain: _____

NEUROLOGY PRIVILEGES APPLICATION

NAME: _____

SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
PRIVILEGES
REQUESTED
RECOMMENDED
YES NO

YES NO

NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 2-35.(copy attached)

ALL PRIVILEGES RELAED AND LIMITED TO ADULT NEUROLOGY

(Specify, stated with training/experience):

_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT SIGNATURE: _____

DATE: _____

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____
Department Chairperson

Date of Review

INTERNAL MEDICINE DEPARTMENT.
Medical Staff Department

MSS: REVISED 09/99.