

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR NEUROLOGY

Minimum Threshold Criteria

To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.

1. *Basic education:* M.D. or D.O.
2. *Minimal formal training:* Successful completion of an approved three-year residency training program in neurology.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has provided inpatient neurological services to at least 24 patients during the last 12 months.

Privileges include being able to admit, work up, and provide nonsurgical therapy to patients with illnesses or injuries of the neurologic system including the provision of consultation. These privileges do not include any of the following special requests.

For each special request, threshold criteria will be established. Special requests for neurology include: Please check those desired.

- autonomic testing
- EEG
- EMG and nerve conduction velocity
- somatosensory evoked responses
- auditory evoked responses
- visual evoked responses
- muscle biopsy
- noninvasive intracranial and extracranial vascular study
- peripheral nerve biopsy
- transcranial doppler

** If any of these special requests are covered by an exclusive contractual arrangement, physicians who are not a party to the contract should not be eligible to request the privileges regardless of education, training, and experience.*

I understand that in making this request I am bound by West Jefferson Medical Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.

Physician's signature

Typed or printed name

Approved: 3/97

Date

"In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."