Endoscopic Rhizotomy - Expansion of Privileges

Name: 
Effective Dates: ___________ To: ___________

[ ] Initial appointment
[ ] Reappointment

Instructions

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 12/18/2013

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements
• Note that privileges granted may only be exercised at UNM SRMC in setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
• This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Experience:
- Completion of a training program that meets or exceeds the expectations of the SRMC Chief of Surgical Services.
- Demonstrated current competence in the performance of Endoscopic Rhizotomy that meets the expectations of the SRMC Chief of Surgery,
OR
- Completion of a mentoring program which includes proctoring in the procedure by a Neurosurgeon or other provider with current privileges for Endoscopic Rhizotomy as set forth by the SRMC Chief of Surgery.

Renewal of Privileges:
- Renewal of this extension of privileges will coincide with the routine renewal of privileges and will be based on demonstrated current competence and an adequate volume of cases as determined by the SRMC Chief of Surgery.
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Description:
Ablative procedure of branches of the dorsal ramus with endoscopically guided laser and/or radiofrequency based coagulation.

☐ Requested

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMSRMC, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed__________________________________________ Date____________________

Clinical Service Chief’s Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

[ ] Recommend all requested privileges.
[ ] Recommend privileges with the following conditions/modifications

Clinical Service Chief Signature__________________________ DATE____________________