UNM SRMC
NEUROLOGY CLINICAL PRIVILEGES

Name: 
Effective Dates: ___________ To: ___________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

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 be exercised only at UNM SRMC and 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 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.
To be eligible to apply for core privileges in neurodevelopmental disabilities, the initial applicant must meet the following criteria:

Successful completion of an ACGME residency in neurodevelopmental disabilities.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within 3 years leading to subspecialty certification in neurodevelopmental disabilities by the American Board of Psychiatry and Neurology.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of treatment for neurodevelopmental disabilities, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA- accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in neurodevelopmental disabilities, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (treatment for neurodevelopmental disabilities) with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
NEURODEVELOPMENTAL DISABILITIES CORE PRIVILEGES

Diagnosis and management of chronic conditions affecting the developing and mature nervous system (e.g. cerebral palsy, mental retardation, and chronic behavioral syndromes) or neurologic conditions. May provide care to patients in the intensive care setting in conformance with unit policies.

Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

☐ Requested
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Effective Dates: __________ To: __________

QUALIFICATIONS FOR ADULT NEUROLOGY

To be eligible to apply for core privileges in adult neurology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in neurology.

AND

Current certification or active participation in the examination process with achievement of certification within 3 years leading to certification in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of neurological services, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in adult neurology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
ADULT NEUROLOGY CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle. May provide care to patients in the intensive care setting in conformance with unit policies.

Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

☐ Requested
PERFORMANCE AND INTERPRETATION OF ELECTROMYOGRAPHY EVALUATION (EMG) AND NERVE CONDUCTION STUDIES PRIVILEGES

☐ Requested

QUALIFICATIONS FOR CLINICAL NEUROPHYSIOLOGY DIAGNOSTIC STUDIES

Criteria: Successful completion of a postgraduate training program in which clinical neurophysiology was included, or subspecialty certification in clinical neurophysiology by the American Board of Psychiatry and Neurology.

Required previous experience: Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CLINICAL NEUROPHYSIOLOGY DIAGNOSTIC STUDIES PRIVILEGES

Including but not limited to autonomic testing, EEG interpretation, somatosensory-evoked responses, auditory-evoked responses, continuous video EEG monitors or operative monitoring for neurosurgery and orthopedic cases, and visual-evoked responses. (Remote Site)

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SPECIAL NON CORE PRIVILEGES (See Specific Criteria)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

QUALIFICATIONS FOR PERFORMANCE AND INTERPRETATION OF ELECTROMYOGRAPHY EVALUATION (EMG) AND NERVE CONDUCTION STUDIES

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training program in physical medicine and rehabilitation or neurology or an accredited fellowship program in clinical neurophysiology or an ACGME accredited electrodiagnostic medicine preceptorship.

Required previous experience: Demonstrated current competence and evidence of the performance and interpretation of EMGs in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance and interpretation of EMGs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

Administration of Sedation and Analgesia privileges
See hospital policy for sedation and analgesia by non-anesthesiologists.

☐ Check here to request Moderate Sedation privileges form (Separate form)

Limited Ultrasound for Guided Procedure

☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

_To the applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date._

**Adult Neurology Core Procedures**

1. Autonomic testing  
2. Lumbar puncture  
3. Perform history and physical exam

**Neurodevelopmental Disabilities Core Procedures**

1. Perform history and physical exam
Acknowledgment 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 UNM SRMC, 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:
☐ Do not recommend the following requested privileges:

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<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes:
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Print Name __________________________________________ Signature __________________ Date __________

Clinical Service Chief or Designee Signature