

**Department of Neurology**  
**Department of Neurosurgery**  
**NeuroCritical Care**  
DELINEATION OF PRIVILEGES  
PRIVILEGES REQUEST FORM

**PRIVILEGES**

Please check all that apply to your scope of practice.

**General Privileges**

- \_\_\_\_\_ General Clinical Privileges Customary to the Practice of Neurology to Include the Following:  
(Admit, Take History, Examine, Plan and Order Therapy, Laboratory Studies and X-ray  
Examinations.)  
\_\_\_\_\_ Outpatient  
\_\_\_\_\_ Inpatient

**Specific Privileges  
Perform**

- \_\_\_\_\_ 1. Lumbar Puncture  
\_\_\_\_\_ 2. Caloric Testing  
\_\_\_\_\_ 3. Arterial Line  
\_\_\_\_\_ 4. Central Venous Catheter  
\_\_\_\_\_ 5. PA Catheter Placement  
\_\_\_\_\_ 6. Lumbar Drain  
\_\_\_\_\_ 7. ICP Bolt Placement  
\_\_\_\_\_ 8. External Ventricular Device (EVD) Placement  
\_\_\_\_\_ 9. Ventilator Management  
\_\_\_\_\_ 10. Conscious Sedation (separate application)  
\_\_\_\_\_ 11. Endotracheal Intubation  
\_\_\_\_\_ 12. Chest Tubes  
\_\_\_\_\_ 13. Tracheoscopy

**Record and Interpret**

- \_\_\_\_\_ Transcranial Doppler

**SIGNATURES AND RECOMMENDATIONS**

\_\_\_\_\_  
Applicant Signature DATE

\_\_\_\_\_  
Neuro-Surgery Chair DATE

\_\_\_\_\_  
Neurology Chair DATE

\_\_\_\_\_  
Chair, Medical Board DATE

\_\_\_\_\_  
Chair, Governing Body DATE