

University of Utah Hospitals and Clinics  
**Neurology**  
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. Subdural Aspiration (in Children)
3. Caloric Testing
4. Perimetry
5. EMG and Nerve Conduction Velocity Measurements
6. Muscle Biopsy
7. Botulinum Toxin Administration
8. Nerve Biopsies
9. Skin Biopsy

**Record and Interpret**

1. Evoked Potentials, Electrocorticograms and Depth Electrode Records During Operation
2. Sleep Studies
3. Read EEG's
4. Nerve Biopsies
5. Muscle Biopsies
6. Skin Biopsy

**SIGNATURES AND RECOMMENDATIONS**

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Applicant Signature DATE

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Department Head DATE

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Chair, Medical Board DATE

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Chair, Governing Body DATE