



Delineation of Privileges

Department of Pediatrics/Division of Pediatric Neurology

_____ *Applicant's Name* _____
Date *First* *MI* *Last*

Instructions: Check the box corresponding to the privileges that you are requesting. Applicants requesting privileges should only request those privileges when the minimum criteria have been met.

Minimum threshold for requesting core privileges in Department / Service

I meet the following mentioned minimum criteria and request that my application be considered for the privileges outlined below.

LEVEL I

Requested	Granted	Scope of Practice / Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Generally, the neurologist must be able to: (1) localize a neurologic lesion on the basis of the history and examination; (2) develop a provisional diagnosis and differential diagnosis; (3) decide on utilization of tests for further evaluation of the illness; (4) communicate a plan with the patient and/or responsible caregiver and the referring physician; (5) review and interpret any additional tests ordered; (6) render a final therapeutic plan. In general, all neurologists should be skilled in the interpretation of lumbar punctures and can interpret and incorporate into the evaluation the results of the following studies: EEG, EMG/NCV, and conventional neuroimaging of brain and spinal cord.</p> <p>Individual neurologists may be appropriately credentialed to perform a number of subspecialty areas. These areas and credentialing procedures are described below.</p>	<ol style="list-style-type: none"> 1. M.D. or D. O. Is necessary 2. Minimum of one year of pediatric training in an accredited residency program. 3. Completion of a second year of pediatric training in an accredited residency program or completion of a year of relevant neuroscience research or completion of a year of internal medicine training. 4. Successful completion of a three-year pediatric neurology residency in an accredited program. 5. Must be board-certified in Neurology with special competence in child neurology from the American Board of Psychiatry and Neurology within 3 years of appointment. <p>Current faculty: The minimum level of experience expected in neurology is the evaluation of 24 patients in 12 months on an inpatient service or 50 outpatients in an outpatient clinic.</p> <p>Note: Training, experience, and/or board certification in relevant areas may be considered in individual cases as equivalent to the above.</p>

LEVEL II

Requested	Granted	Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Practice within Pediatric Neurology's Epilepsy program:</p> <p>Evaluate and treat medically complex epilepsy patients,</p> <p>Read routine EEG and prolonged video EEG studies,</p> <p>Monitor and adjust vagal nerve stimulators, Interpret intraoperative electrocorticography.</p>	<p>All faculty must meet Level 1 minimum training and experience requirements.</p> <p>The candidate must have successfully completed an Epilepsy or clinical neurophysiology fellowship*. The physician must be board-certified by the American EEG Society, or the American Board of Psychiatry and Neurology with added qualifications in Clinical Neurophysiology or Epilepsy within 3 years of completion of training.</p> <p>*A minimum one-year fellowship is generally required but may be waived if the applicant has sufficient clinical experience.</p> <p>Faculty are expected to participate in the care of at least 10 patients in the previous 24 months to maintain this privilege.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Practice within Pediatric Neurology's Neuro-oncology program:</p> <p>Evaluate and treat children with central and peripheral nervous system tumors</p> <p>Prescribe and monitor chemotherapy.</p>	<p>All Faculty must meet Level I minimum training and experience requirements.</p> <p>The successful candidate must have specialized training in neuro-oncology, including experience in the independent administration and monitoring of chemotherapy infusions. This training will be reviewed and approved by the Service Chiefs of both Pediatric Neurology and Pediatric Hematology/Oncology to ensure it meets the necessary practice standards for appropriate clinical care.</p> <p>Faculty are expected to participate in the care of at least 10 patients in the previous 24 months to maintain this privilege.</p>

Requested	Granted	Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Practice within the Pediatric Neurology Sleep Disorders Program</p> <p>Evaluate and treat children with a broad range of sleep disorders</p> <p>Interpret sleep studies.</p>	<p>All Faculty must meet Level 1 minimum training and experience, and the candidate must have formal training in a one-year sleep medicine fellowship program that includes training in Pediatric Sleep Disorders. Training will be evaluated and approved by the Service Chief. The physician must be board-certified in the subspecialty of Sleep Medicine through the American Board of Psychiatry and Neurology within 3 years of completion of training.</p> <p>Faculty are expected to participate in the care of at least 10 patients in the previous 24 months to maintain this privilege.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Practice within the Pediatric Neurology Neuromuscular Disorders Program,</p> <p>Evaluate and treat patients with a broad range of genetic and acquired neuromuscular disorders, including complex disease states.</p>	<p>All Faculty must meet Level 1 minimum training and experience, and the candidate must have formal training in a one-year neuromuscular fellowship program that includes training in the clinical and Electrodiagnostic evaluation of pediatric patients. Training will be evaluated and approved by the Service Chief. The physician should be board-certified in Neuromuscular Medicine within 3 years of completion of training.</p> <p>Faculty are expected to participate in the care of at least 10 patients in the previous 24 months to maintain this privilege.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Practice Electromyography within Pediatric Neurology</p> <p>Perform and interpret nerve conduction and EMG studies.</p>	<p>All Faculty must meet Level 1 minimum training and experience requirements. The pediatric neurologist will be qualified to perform these procedures after completion of a minimum one-year pediatric neuromuscular fellowship. Faculty members with relevant skills and fellowship training must be board certified by the American of Psychiatry and Neurology's added qualifications in Clinical Neurophysiology section or American Board of Electrodiagnostic Medicine or American Board of Psychiatry and Neurology's board certification in Neuromuscular Medicine within three years of completing a neuromuscular fellowship program.</p> <p>Faculty are expected to participate in the care of at least 10 patients in the previous 24 months to maintain this privilege.</p>

Requested	Granted	Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Clinical Hypnotherapy</p> <p>Address psychological and neurological function for neurological symptoms.</p>	<p>All faculty must meet Level 1 minimum training and experience requirements.</p> <p>Faculty members must successfully complete an American Society of Clinical Hypnosis (ASCH) training program. This training will be evaluated and approved by the Service Chief of Pediatric Neurology prior to requesting the privilege.</p> <p>Faculty are expected to complete 10 hypnotherapy sessions within 24 months in order to renew this privilege.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Botulinum Toxin (Headache Medicine)</p> <p>Performing botulinum toxin injections for the management of migraines, and chronic neck and back pain.</p>	<p>This skill is generally acquired through direct training by other neurologists (pediatric or adult)/pain specialists who are skilled in this technique. Expertise in this area is generally transmitted from physician to physician and would be certified through training and observation by a competent physician already on the faculty.</p> <p>Faculty are expected to perform a minimum of five relevant cases within 24 months in order to renew this privilege.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Greater Occipital Nerve Block</p> <p>Perform greater occipital nerve block for the management of headaches and chronic pain</p>	<p>This skill is acquired by reading the reference <i>Greater occipital nerve block. Semin Neurol. 2003 Mar;23(1):59-62</i> to obtain further knowledge about the procedure. Training would be certified through observation by a competent physician already on faculty.</p> <p>Faculty are expected to perform a minimum of one relevant case within 24 months in order to renew this privilege.</p>

LEVEL III

Requested	Granted	Scope of Practice / Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	There are currently no Level III privileges.	

SPECIAL PRIVILEGES

A separate application is required to apply or reapply for the following Special Privileges:

- Chemotherapy for Non-Oncologists (MC-IP1027E Chemotherapy Authorizing Provider)
- Fluoroscopy (RADI-10100 Fluoroscopy Privileging)
- Hyperbaric Oxygen Therapy (<http://www.med.umich.edu/i/oca/mss/hbot.htm>)
- Laser (OPER-1011 Laser Privileging)
- Robotics (RADI-10102 Privileges for Use of the Robotic Surgical Platform)
- Sedation Analgesia (ANES-28048 Moderate Sedation, ANES-20023 Deep Sedation)

Applications can be found in MLearning for all these privileges with the exception of Hyperbaric Oxygen Therapy. Please go to MLearning to access and complete the associated learning module and privileging form. Please contact Medical Staff Services at (734) 647-6865 with any questions.

TO BE COMPLETED BY APPLICANT:

I authorize and release from liability, any hospital, licensing board, certification board, individual, or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of the University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval: _____ As Requested _____ As modified, explain _____

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on a careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency, and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date _____ Service Chief: _____ Date _____

MEDICAL STAFF MEMBERSHIP APPROVALS

FOR MEDICAL STAFF SERVICES USE ONLY			
Committee	Date	Committee Decision	
Credentialing and Privileging Committee		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Executive Committee on Clinical Affairs		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Health System Board		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved