

**CLEVELAND AMBULATORY SURGERY CENTER
 DELINEATION OF CLINICAL PRIVILEGES
 Neurosurgery**

Applicant's Signature	Date
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Printed Name: _____

The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you **do** and **do not** wish to be credentialed. Return this form with your Application.

Procedures	Credentialing Request	
	Yes	No
Needle biopsy		
Nerve decompression		
Repair nerve		
Repair laceration		
Exam under anesthesia		
Scar revision		
Selected biopsies		
Conscious sedation		