

**ATRIUM HEALTH
REAPPOINTMENT
DELINEATION OF PRIVILEGES
SPECIALTY OF NEUROSURGERY**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

My DOP is accurate and reflects privileges relevant to my current practice

I have listed privileges that should be removed: _____

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

N/A NO MAINTENANCE ATTACHED TO THESE PRIVILEGES

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF NEUROSURGERY**

Print Name _____

	YES		NO**	I have participated in direct patient care in the hospital setting within the past two (2) years.
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****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Neurosurgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Neurological Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME accredited residency or fellowship training program in Neurological Surgery, within the past eight (8) years; **AND**
 2. Documentation of the performance of at least one hundred (100) neurosurgical procedures during the past two (2) years; **AND**
 3. Provide documentation of the number and types of hospital cases during the past two (2) years. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently certified in Neurological Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of specialty certification in Neurological Surgery from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 2. Documentation of the performance of at least one hundred (100) neurosurgical procedures during the past two (2) years; **AND**
 3. Provide documentation of the number and types of hospital cases during the past two (2) years. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name

Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Neurosurgery Surgery privileges by meeting the following qualifications:

1. Provide documentation of successful completion of an ACGME or AOA accredited residency training program in Neurological Surgery; **AND**
2. Documentation of the performance of at least one hundred (100) neurosurgical procedures during the past two (2) years; **AND**
3. Provide documentation of the number and types of hospital cases during the past two (2) years. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in CNSU-1, in order to be eligible for clinical privileges in the specialty of Neurosurgery at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and the resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

NOTE 4: Applicants who wish to apply for Peripheral Endovascular Privileges may do so by requesting the Peripheral Endovascular Delineation of Privilege Form. Please contact the Medical Staff Office for further information.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		NEUROSURGERY CORE PRIVILEGES
			N/A								CNSU-1	<p>Privileges to evaluate, diagnose, treat and provide consultation to patients of <u>all ages</u> (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) to correct or treat various conditions, illnesses, and injuries of the central, peripheral, and autonomic nervous system, including the associated supportive structures and vascular supply. This may be performed by medical, surgical, and physical means including adjunctive energy sources: lasers, cryotherapy, radiation / radiosurgery. The brain, meninges, skull, and their blood supplies, including the extra cranial carotid, subclavian, and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution, including repair and/or decompression of peripheral nerves; Kyphoplasty; Vertebroplasty. Neurosurgeons can review and interpret radiographic, ultrasound, and MRI images and Electro-Physiologic Monitoring / Testing of the neural axis.</p> <p><i>Subspecialty certification by the American Board of Neurosurgery signifies that the physician has done special training and has successfully met all the requirements of the subspecialty certification. A Neurosurgeon certified by the American Board of Neurosurgery is trained, qualified, and certified to perform neurosurgical procedures on pediatric and adult patients.</i></p>

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		CORE NEUROSURGERY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	CNSU-2	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CNSU-1)
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			TOTAL	