

**DETROIT MEDICAL CENTER**  
**DEPARTMENT OF NEUROLOGY**  
**DELINEATION OF**  
**PRIVILEGES IN NEUROLOGY**

Applicant Name \_\_\_\_\_  
PLEASE PRINT

**QUALIFICATIONS**

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached.*

1. **Core Privileges:**

The applicants must provide documentation of successful completion of an ACGME or AOA accredited three-year residency in Neurology. Initial and Reappointment applicants to the DMC must provide documentation of providing neurological services (including inpatient, E.R., and/or outpatient consultations) to at least **24** patients during the past two (2) years **OR** have completed a residency or fellowship training program within the last two (2) years.

2. **Special Privileges:**

Minimum criteria to qualify for initial or reappointment special privileges are defined within each procedure. Supporting documentation must be provided for each special procedure requested. Documentation is defined as written records reflecting the total number of procedures performed for the previous two (2) years. Supporting documentation can be: office based inpatient (DMC and non-DMC hospitals), outpatient and/or consults. If the applicant fails to provide the necessary documentation, their request for special procedure(s) will be considered as withdrawn.

3. **Affiliate Status, Membership Only, No Clinical Privileges**

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Affiliate Status, Membership Only with No Clinical Privileges.

4. **Observation/Proctoring:** The initial appointment to the staff will be for a provisional period of 12 months. In order to qualify for reappointment in core and special procedure(s), the applicant must have demonstrated professional and clinical competence and met the criteria requirements as defined. Nothing will prohibit the department from extending the provisional period or instituting a probationary period if deemed necessary by the Specialist-in-Chief, upon recommendation from the Advisory Committee.

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

Applicant Name \_\_\_\_\_

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**PRIVILEGES REQUESTED:**

**(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended**

***Note:** If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the physician..*

**Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.**

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**(R) (A) (C) (N)**

**AFFILIATE STATUS, MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

**Do Not Complete The Remainder Of This Form.**

Sign form on PAGE 8.

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**(R) (A) (C) (N)**

**NEUROLOGY CORE PRIVILEGES**

Includes: admission, work-up and provision of non-surgical treatment to patients with illnesses or injuries of the central and peripheral nervous system including the provision of consultation and performance of lumbar puncture and lumbar isotope cisternography. Core privileges do **not** include any of the following special procedures.

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**SPECIAL PRIVILEGES**

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**(R) (A) (C) (N)**

**Electroencephalography (EEG)**

Criteria: Proof of one year of fellowship in an approved clinic neurophysiology program with emphasis on learning the technical aspects and interpretation of EEG. Senior individuals with appropriate experience who have not completed a fellowship will be evaluated on an individual basis. Provide evidence of fellowship or experience and volume \_\_\_\_\_.

Reappointment Criteria: Proof of at least **50** EEG interpretations. **Provide total number performed** \_\_\_\_\_.

**Sphenoid Electrode Placement**

Criteria: Fulfillment of EEG criteria and documentation that sufficient time in training was spent learning the technical aspects of placing sphenoid electrodes. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of at least **10** electrode placements. **Provide total number performed** \_\_\_\_\_.

**Wada Test**

Criteria: Fulfillment of EEG criteria and documentation that sufficient time in training was spent learning the technical aspects and interpretation of the Wada test. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of at least **10** tests. **Provide total number performed** \_\_\_\_\_.

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

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PLEASE PRINT

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**SPECIAL PRIVILEGES** - Continued

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(R) (A) (C) (N)

**Video EEG Monitoring**

Criteria: Fulfillment of EEG criteria and documentation that sufficient time in training was spent learning the technical aspects and interpretation of video EEG monitoring.

**Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of having supervised and interpreted at least **40** studies.

**Provide total number performed** \_\_\_\_\_.

**Cortical Grid and Depth Electrode Interpretation**

Criteria: Fulfillment of EEG criteria and documentation that sufficient time in training was spent learning the technical aspects and interpretation of cortical grid and depth electrode studies. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of having supervised and interpreted at least **10** studies.

**Provide total number performed** \_\_\_\_\_.

**Electrocorticography Interpretation**

Criteria: Fulfillment of EEG criteria and documentation that sufficient time in training was spent learning the technical aspects and interpretation of functional electrocorticography studies. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of having supervised and interpreted at least **10** studies.

**Provide total number performed** \_\_\_\_\_.

**Function Brain Mapping Using Subdural Grid Stimulation**

Criteria: Fulfillment of EEG criteria and documentation that sufficient time in training was spent learning the technical aspects and interpretation of functional brain mapping using subdural grid stimulation. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of having supervised and interpreted at least **10** studies.

**Provide total number performed** \_\_\_\_\_.

**Subdural Grid Interpretation**

Criteria: Fulfillment of EEG criteria and documentation that sufficient time in training was spent learning the technical aspects and interpretation of subdural grids. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of having supervised and interpreted at least **10** studies.

**Provide total number performed** \_\_\_\_\_.

**Transcranial Cortical Magnetic Stimulation**

Criteria: Proof of completion of EEG, evoked potential and EMG/NCV training in the technical aspects and interpretation of transcranial magnetic stimulation.

Reappointment Criteria: Proof of having supervised and interpreted at least **10** studies.

**Provide total number performed** \_\_\_\_\_.

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

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PLEASE PRINT

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**SPECIAL PRIVILEGES** - Continued

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(R) (A) (C) (N)

**Intra-operative Electrophysiological Monitoring (Somatosensory evoked potential monitoring, scalp EEG monitoring)**

Criteria: Proof of EEG and evoked potential training in the technical aspects and interpretation of intra-operative electrophysiological monitoring.

Reappointment Criteria: Proof of having supervised and interpreted at least **10** studies. **Provide total number performed** \_\_\_\_\_.

**Intra-operative Electrophysiological Monitoring for motor Evoked Potentials**

Criteria: Proof of EEG, evoked potential and EMG/NCV training in the technical aspects and interpretation of intra-operative electrophysiological monitoring for motor evoked potentials.

Reappointment Criteria: Proof of having supervised and interpreted at least **10** studies. **Provide total number performed** \_\_\_\_\_.

**Polysomnography**

Criteria: Proof of a one year fellowship in an approved polysomnography program focusing on the technical aspects and interpretation of sleep studies. Senior individuals with appropriate experience that have not completed a fellowship will be evaluated on an individual basis. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of supervising and interpreting at least **20** sleep studies. **Provide total number performed** \_\_\_\_\_.

**Evoked Potentials (Auditory Evoked Potentials, Somatosensory Evoked Potentials and Visual Evoked Potentials)**

Criteria: Proof of EEG or EMG, training in technical aspects and interpretation of evoked potential studies. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having interpreted at least **20** evoked potentials. **Provide total number performed** \_\_\_\_\_.

**Electromyography/Nerve Conduction Velocities**

Criteria: **Proof** of one year fellowship in an approved clinical neurophysiology program with training in the technical aspects and interpretation of EMG/NCV. Senior individuals with appropriate experience that have not completed a fellowship will be evaluated on an individual basis. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having performed, supervised and interpreted at least **50** studies. **Provide total number performed** \_\_\_\_\_.

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

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PLEASE PRINT

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**SPECIAL PRIVILEGES** - Continued

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(R) (A) (C) (N)

**Single Fiber Electromyography**

Criteria: Meet EMG/NCV criteria plus documentation of sufficient training in the technical aspects and interpretation of single fiber electromyography. **Provide evidence of fellowship or experience and volume \_\_\_\_\_.**

Reappointment Criteria: **Proof** of having performed, supervised and interpreted at least **4** studies. **Provide total number performed \_\_\_\_\_.**

**Autonomic Testing**

Criteria: Meet EMG/NCV criteria plus documentation of sufficient training in the technical aspects and interpretation of autonomic testing. **Provide evidence of fellowship or experience and volume \_\_\_\_\_.**

Reappointment Criteria: **Proof** of having performed, supervised and interpreted at least **16** studies. **Provide total number performed \_\_\_\_\_.**

**Botulinum Toxin Therapy**

Criteria: **Proof** of one year fellowship in an approved clinical neurophysiology program **or** movement disorder program with training in the technical aspects and interpretation of botulinum injection including the face, neck, vocal cords and extremities. **Provide evidence of fellowship or experience and volume \_\_\_\_\_.**

Reappointment Criteria: **Proof** of having performed at least **25** procedures. **Provide total number performed \_\_\_\_\_.**

**Quantitative Muscle Power Testing (Dynamometry)**

Criteria: **Proof** of formal training in the performance of quantitative muscle power testing (dynamometry). **Provide evidence of fellowship or experience and volume \_\_\_\_\_.**

Reappointment Criteria: **Proof** of having performed and interpreted at least **4** tests during the previous two years. **Provide total number performed \_\_\_\_\_.**

**Quantitative Sensory Testing**

Criteria: **Proof** of formal training in the performance of quantitative sensory testing. **Provide evidence of fellowship or experience and volume \_\_\_\_\_.**

Reappointment Criteria: **Proof** performing and interpreting at least **4** tests during the previous two years. **Please provide total number performed \_\_\_\_\_.**

**Regional Nerve Blocks**

Criteria: **Proof** of formal training in the performance of regional nerve blocks. **Provide evidence of fellowship or experience and volume \_\_\_\_\_.**

Reappointment Criteria: **Proof** of performing and interpreting at least **10** procedures.

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

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PLEASE PRINT

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**SPECIAL PRIVILEGES** - Continued

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(R) (A) (C) (N)

**Noninvasive Extracranial and Intracranial Vascular Study**

Criteria: **Proof** of having completed a noninvasive intracranial and/or extracranial vascular study training program. Practical and interpretive experience in the performance of the test under observation. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having performed at least-**20** procedures. **Provide total number performed** \_\_\_\_\_.

**Intrathecal Baclofen Pump Therapy Refills for the Management of Spasticity**

Criteria: **Proof** of completing at least a six months of training in the technical aspects of intrathecal baclofen pump therapy plus documentation of at least **50** procedures/year. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having performed at least **10** procedures. **Provide total number performed** \_\_\_\_\_.

**Intrathecal Administration of Medication**

Criteria: **Proof** of formal training in the administration of pharmacotherapy into the lumbar subarachnoid space or into an intraventricular reservoir. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having performed at least **4** procedures. **Provide total number performed** \_\_\_\_\_.

**Cisterna Magna and High Cervical Vertebral Interspace Puncture**

Criteria: **Proof** of formal training in the performance of cisterna magna and high cervical vertebral interspace punctures. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having performed at least **4** procedures. **Provide total number performed** \_\_\_\_\_.

**Genetic Counseling**

Criteria: **Proof** of a two-year fellowship in an accredited genetics program **or** completion of an accredited genetic counseling program. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having counseled at least **20** individuals. **Provide total number performed** \_\_\_\_\_.

**Skin Biopsy**

Criteria: **Proof** of formal training in performing and interpreting skin biopsies for evaluation of diseases of nerves. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: **Proof** of having performed at least **10** biopsies. **Provide total number performed** \_\_\_\_\_.

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

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PLEASE PRINT

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**SPECIAL PRIVILEGES** - Continued

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(R) (A) (C) (N)

**Intravenous Chemotherapy and Related Agents for Neuroimmunologic Diseases**

Criteria: Demonstration to the advisory committee of experience **and** training in ordering and administering such agents; monitoring and treatment of side affects in patients.

Reappointment Criteria: Proof of having administered at least **10** patients a year with such therapies including administration, ordering, monitoring and treatment of side effects of such agents in neuroimmunologic disease.

**Note:** IV administration of such agents requires the use of the special KCI order forms.

**MRI for perspective mapping in epilepsy and brain tumors**

Criteria: Proof of completing neurology residency **or** Ph.D. in psychology with additional licensure for psychologist in neuropsychology with sufficient training in the technical aspects and interpretation of MRI mapping of language, sensorimotor and memory functions. **Provide evidence of training or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of having supervised **or** performed at least **6** procedures. **Provide total number performed** \_\_\_\_\_.

**Intra-operative Electrophysiological Monitoring (mapping for deep brain stimulator electrode placement).**

Criteria: Meet EEG or EMG criteria and proof of training in the technical and interpretative aspects of functional deep brain mapping. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of supervising or performing at least **6** procedures. **Provide total number performed** \_\_\_\_\_.

**Deep Brain Stimulator (DBS) Programming**

Criteria: Proof of training in the technical aspects of deep brain stimulator programming. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of supervising or performing at least **10** procedures. **Provide total number performed** \_\_\_\_\_.

**Vagal Nerve Stimulator (VNS) Programming**

Criteria: Proof of training in the technical aspects of vagal nerve stimulator programming. **Provide evidence of fellowship or experience and volume** \_\_\_\_\_.

Reappointment Criteria: Proof of supervising or performing at least **12** procedures. **Provide total number performed** \_\_\_\_\_.

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

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**SPECIAL PRIVILEGES** - Continued

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(R) (A) (C) (N)

**Moderate Sedation**

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

\_\_\_\_\_  
 Initials

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(R) (A) (C) (N)

**Diagnostic Cerebrovascular Angiography**

Criteria: Criteria for core neurology privileges AND completion of interventional neurology fellowship (or equivalent fellowship) of at least two years duration with at least 100 diagnostic cerebrovascular angiographic procedures during the 12 months preceding the initial application

Re-appointment Criteria: To be eligible to renew privileges in cerebrovascular angiography, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience (100 neuro-angiographic procedures during the 24-months prior to requesting the privileges and during each 24-month cycle following granting of the privileges. Cases performed at another hospital require case logs demonstrating volume and outcomes.

**Neuro-angiography Privileges include:**

Procedure	Requested	Recommended by Department Chief
Cerebral and Carotid angiography		
Spinal angiography		

\_\_\_\_\_  
 Initials



**DELINEATION OF PRIVILEGES IN NEUROLOGY**

Applicant Name \_\_\_\_\_

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**SPECIAL PRIVILEGES** - Continued

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**(R) (A) (C) (N)**

**Interventional Neurology**

Criteria: Meets criteria for diagnostic cerebrovascular angiography and completion of dedicated fellowship in Interventional Neurology. Performance of at least 50 neuro-endovascular procedures, reflective of the scope of privileges requested, during the past 12 months. For stroke intervention, at least 12 stroke interventional procedures in the last 12 months.

Re-appointment Criteria: Current demonstrated competence and an adequate volume of experience of at least 50 neuro-endovascular procedures during each 24-month cycle following granting of the privileges. For stroke intervention, at least 15 interventional stroke procedures over each 24-month cycle.

**Interventional Neurology Privileges include:**

Procedure	Requested	Recommended by Department Chief
Acute Stroke intervention including intra and extracranial thrombolysis, thrombectomy		
Aneurysm embolization		
Intracranial angioplasty, stenting,		
Head and neck, spine embolization		
Extracranial carotid, subclavian, brachiocephalic, angioplasty stenting,		

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

Applicant Name \_\_\_\_\_

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**SPECIAL PRIVILEGES** - Continued

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**(R) (A) (C) (N)**

**Cerebral Intraparenchymal Monitor Placement**

Criteria: Criteria for core neurology privileges AND core privileges in Neurological Critical Care. The applicant must be in good standing in the Department of Neurology and is CAST, ABPN, or UCNS certified in neurocritical care and actively engaged in MOC. Applicant must have completed three (3) proctored placements. Supervising physician can be Neurosurgeon with core Neurosurgery privileges or Neurocritical Care Physician with privileges in Cerebral Intraparenchymal Monitor Placement. **Provide case logs of at least 3 proctored placements and FPPE of all placements.**

Re-appointment Criteria: : To be eligible to renew privileges for the placement of Cerebral Intraparenchymal Monitors by Neurocritical Care Physicians, the applicant must demonstrate the following: 1) Current demonstrated competence and an adequate volume of experience of at least three (3) intraparenchymal monitors in the last 24 months. 2) participation in monthly neurosurgery mortality and morbidity conference at >50%/year. 3) Present all ICP monitor placements during neurosurgery mortality and morbidity conferences. **Provide two year case log of all placements (minimum 3) and log of neurosurgery mortality and morbidity conference attendance and presentations.**

**Acknowledgment of Practitioner**

By my signature below, I acknowledge that I have read and understand this delineation of privileges form and applicable standards and criteria for privileges. I attest that the initial and reappointment volume that I have documented for each requested privilege is accurate and will provide hard copy documentation upon request.

\_\_\_\_\_  
Applicant Date

**DELINEATION OF PRIVILEGES IN NEUROLOGY**

Applicant Name \_\_\_\_\_

PLEASE PRINT

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**APPROVALS**

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**Department Chief and/or Specialist-in-Chief Recommendations**

I certify that I have reviewed and evaluated the applicants request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested  Do not recommend
- Recommend with conditions/modification as listed

\_\_\_\_\_

\_\_\_\_\_  
Department Chief, Signature Date

\_\_\_\_\_  
Specialist-in-Chief, Signature Date

**Joint Conference Committee Action:** \_\_\_\_\_  
Date

JCC approved 06.27.2014; 03.31.2023

**DETROIT MEDICAL CENTER**  
**DELINEATION OF PRIVILEGES IN SLEEP MEDICINE**

**ADDENDUM**

To the following department delineation of privileges:

**\*Internal Medicine, \*Family Medicine, \*Otolaryngology, \*Neurology, \*Pediatrics or \*Psychiatry.**

APPLICANT NAME: \_\_\_\_\_

**PLEASE PRINT**

**QUALIFICATIONS:**

Initial Applications

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified, or in the active certification process, in their practice specialty. See Board Certification addendum for complete requirements.*

1. Current board certification by the American Board of Sleep Medicine; **or** the specialty specific certifying organization (ABMS/AOA specialties noted above), **and** Subspecialty certification in Sleep Medicine; **or**
2. Current board certification by a specialty specific certifying organization (ABMS /AOA specialties noted above), **and** successful completion of a sleep medicine fellowship training program, and in the active certification process (see attached Board Certification addendum).

Reappointment Applications

1. Proof of satisfactorily scored and interpreted **25** polysomnograms in the past 24 months as determined by the Medical Director of the DMC Sleep Lab.
2. Attain/maintain board certification as required by the certifying organization, (i.e. ABIM, etc.) as required by the certifying organization (ie, ABIM, etc).
3. Maintain minimum continuing education requirements as defined by the American Academy of Sleep Medicine. A minimum of 10 CME credits must focus on Sleep Medicine.
4. Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request **Affiliate Category, Membership Only** Status (with No Clinical Privileges). This will allow you to maintain an affiliation without having to meet minimum system and department requirements.

**REQUESTED PRIVILEGES:**

**(R)=Requested (A)=Recommend Approval as Requested (C)=Recommend with Conditions (N)=Not Recommended**

**Note:** *If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant*

**Applicant: Please place a check mark in the (R) column for each privilege requested.**

**(R) (A) (C) (N)**

**Affiliate Category, Membership Only Status, No Clinical Privileges**

*(Check 'R' box and go directly to the signature page; do not complete the remainder of this form).*

**SLEEP MEDICINE – ADDENDUM**

APPLICANT NAME: \_\_\_\_\_

**PLEASE PRINT**

**(R)**  **(A)**  **(C)**  **(N)**

**Core Privileges In Sleep Medicine**

Evaluate, diagnose and provide treatment or consultative services to patients presenting with conditions or disorders of sleep; i.e.

- sleep-disorder breathing
- circadian rhythm disorders
- insomnia
- parasomnias
- narcolepsy
- restless leg syndrome
- polysomnography (PSG) (including sleep stage scoring)
- evaluation and interpretation of CPAP/BiPAP titration
- multiple sleep latency testing (MSLT)
- actigraphy
- sleep log interpretation
- home/ambulatory testing
- maintenance of wakefulness testing (MWT)

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**Acknowledgement of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

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

\_\_\_\_\_  
Date

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**Chief of Service/Service Chief / Specialist-in-Chief Recommendations:**

By my signature below, I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

Recommend as requested

Do not recommend

Recommend with conditions/modification as listed

\_\_\_\_\_  
Chief of Service (or designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specialist-in-Chief (or designee) Signature

\_\_\_\_\_  
Date

**Joint Conference Committee Approval:**

**JCC 10.27.09** (Sleep Addendum)

\_\_\_\_\_  
Date

Neurologic Critical Care – ADDENDUM

APPLICANT NAME: \_\_\_\_\_  
PLEASE PRINT

(R) (A) (C) (N)

Core Privileges In Neurological Critical Care

Admit, work up, diagnose and provide treatment or consultative services to patients of all ages with neurologic problems and critical care.

- Endotracheal intubation and airway management
- Management of mechanical ventilation
- Placement of arterial and central venous catheters
- Placement of percutaneous vascular access for pheresis/dialysis
- Calibration, operation and interpretation of hemodynamic recording systems
- Evaluation and / or consultation of appropriate diagnostic radiographs
- Total parenteral nutrition
- Lumbar Puncture and drains
- Intracranial pressure monitoring interpretation and management
- Noninvasive extracranial and intracranial vascular study
- Intrathecal administration of medication
- Hypothermia protocol

Acknowledgement of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant Signature Date

Chief of Service/Service Chief / Specialist-in-Chief Recommendations:

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

- Recommend as requested  Do not recommend
- Recommend with conditions/modification as listed

\_\_\_\_\_  
Chief of Service (or designee) Signature Date

\_\_\_\_\_  
Specialist-in-Chief (or designee) Signature Date

Joint Conference Committee Approval: \_\_\_\_\_  
Date

DETROIT MEDICAL CENTER  
**BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.
- If Board certification is time-limited, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff. DMC medical staff members on staff prior to July 1, 2009 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC Approved 10.27.2017: 04.30.2021