

**Harris Methodist Southlake  
Center for Diagnostics and Surgery**

**Privileges in Neurology**

**Name:** \_\_\_\_\_

**Qualifications for Neurology Core Privileges**

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

- Demonstration of the management of at least 100 inpatient neurological patients in the past two years, or demonstrated successful completion of a hospital-affiliated formalized neurology residency or clinical fellowship in the past two years;

**and**

- Current certification or active participation in the examination process leading to certification in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry; or
- Documented equivalent training as deemed accepted by the Medical Staff; i.e., formal training and experience received in a neurology residency/fellowship program.

**\_\_\_\_\_ Neurology Core Privileges:**

Privileges include: to admit, evaluate, diagnose, and provide nonsurgical therapy to patients of all ages—except as specifically excluded from applicant's practice and except for those Special Procedure Privileges—to treat or correct illnesses or injuries of the neurologic system including the provision of consultation.

- Autonomic testing
- EEG interpretation
- EMG and nerve conduction velocity interpretation
- Somatosensory evoked responses
- Auditory evoked responses
- Visual evoked responses
- Lumbar puncture
- Local anesthesia.

**\*\*If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.**

**Acknowledgement of practitioner**

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 **Harris Methodist Southlake**, and

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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.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Credentials Review Recommendations:**      \_\_\_\_\_ **Recommend**      \_\_\_\_\_ **Deny**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Recommended/Not recommended with the following modification(s) and reason(s):**

\_\_\_\_\_  
\_\_\_\_\_