

NEUROSURGERY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health Jax/TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training, and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Work-up, admission, assessment, history and physical examination, diagnosis, consultation, and surgical treatment of patients with illnesses, injuries and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply. These privileges also include percutaneous discectomy, thoracic and lumbar spinal instrumentation without pedicle screws and volumetric stereotactic surgery. [Physicians desiring privileges for children < 24 months at Wolfson must complete the Pediatric Neurosurgery Privilege Form]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, And/or may require additional proof of training or experience.	APPR
										Deep brain stimulation [++Hospitals 4, 5, 6, 10]	
										Endovascular Neurosurgery (cerebral angiography/arteriography) [++Hospital 1, 4, 5, 6, 10]	
										Endovascular carotid artery intervention [++Hospitals 1, 6]	
										Gamma Knife stereostatic radiosurgery [++Hospital 5, 7]	
										Linear accelerator based stereostatic radiosurgery [++Hospital 1, 7]	
										Guided Lumbar Interbody Fusion [++Hospital 1, 6]	
										Laser - CO ₂ [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	
										Laser - Holmium [++Hospitals 1, 4, 5, 6, 7, 10]	
										Laser - KTP [++Hospitals 1, 4, 5, 7, 10]	
										Laser - nd:YAG [++Hospitals 1, 4, 5, 6, 7, 10]	
										Lumbar Fusion with Fusion Cage [++Hospitals 1, 4, 5, 6, 10]	
										Lumbar Spinal Instrumentation with Pedicle Screws [++Hospitals 1, 4, 5, 6, 7, 9, 10]	
										Kyphoplasty/Vertebroplasty [++Hospitals 1, 2, 3, 4, 5, 6, 9, 10]	
										MAZOR Robot [++Hospitals 1, 7]	
										Moderate Sedation [++Hospitals 1, 3, 4, 5, 6, 7, 9, 10]	
										Myelography [++Hospitals 4, 5, 10]	
										Total lumbar disc replacement with artificial disc [++Hospitals 1, 2, 6, 9]	
										Thoracic Spinal Instrumentation with Pedicle Screws [++Hospitals 1, 4, 5, 6, 7, 9, 10]	

■ Privilege not available in this specialty at this hospital.

++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

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Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

■ Privilege not available in this specialty at this hospital.
++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.
Edition date – 07/24/17