CORE SURGICAL PRIVILEGES FORM / NEUROSURGERY

Applicant's Name: .....

License No. (If Any): ..... Date: D D M M Y Y Y Y

CATEGORY I: CSF DIVERSIONS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. External ventricular drain (EVD) insertion	☐		☐	☐	
2. Lumbar drain insertion	☐		☐	☐	
3. Ommaya reservoir placement	☐		☐	☐	
4. Ventriculo-peritoneal / ventriculo-atrial / ventriculo-pleural / lumbro-peritoneal shunts	☐		☐	☐	
5. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap	☐		☐	☐	

CATEGORY II: NEURO-TRAUMA PROCEDURES & SURGERIES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Intracranial pressure (ICP) monitor insertion	☐		☐	☐	
2. Decompressive craniectomy for brain edema, contusion and diffuse axonal injury	☐		☐	☐	
3. Acute EDH evacuation (craniotomy)	☐		☐	☐	
4. Acute SDH evacuation (craniotomy ± burr holes)	☐		☐	☐	
5. Skull fracture: elevation/fixation of depressed fractures; washout for compound injuries	☐		☐	☐	
6. CSF leak repair (anterior skull base/temporal bone)	☐		☐	☐	
7. Penetrating brain injury debridement, hemostasis, removal of accessible foreign bodies, watertight dural closure; selective craniectomy	☐		☐	☐	
8. Insertion of (banking) an autologous cranial bone graft in a subcutaneous abdominal pocket	☐		☐	☐	

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CATEGORY III: CEREBROVASCULAR NEUROSURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Decompressive hemicraniectomy for malignant MCA infarction	☐		☐	☐	
2. Decompressive craniectomy (large supratentorial ICH, and mass effect)	☐		☐	☐	
3. Intra-cerebral hemorrhage (ICH) evacuation (open craniotomy or minimally invasive techniques)	☐		☐	☐	
4. Posterior fossa (cerebellar) hemorrhage evacuation	☐		☐	☐	

CATEGORY IV: PERIPHERAL NERVE PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Peripheral nerve decompressions (e.g., carpal/cubital tunnel)	☐		☐	☐	

Note:
You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date: D D M M Y Y Y Y

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FOR COMMITTEE USE ONLY

Committee Decision:

Evaluation type:

- By Interview ☐ virtual / personal
- By documents only ☐
- Or both ☐

Other comments:

.....

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant, and We have made the above-noted recommendation(s).

Clinical privileging committee members:

.....
Name, Signature & Stamp

Date: DD MM YYYY

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Name, Signature & Stamp

Date: DD MM YYYY

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