



## Delineation of Privileges

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

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

CATEGORY I: CORE PRIVILEGES		
	Requested	Approved
<b>Core Privileges include:</b>		
1. Admit patients, order diagnostic and therapeutic services; write orders and progress notes in patient charts; request and provide consultations; and render any care in a life threatening emergency. 2. Management of chronic pain states 3. Catheter placement (epidural and intrathecal) 4. Fluoroscopically guided injections of local anesthetic and neurolytic substances 5. Nerve entrapment release procedures 6. Caudal epidural catheter placement 7. Epidural adhesion lysis		
CATEGORY II: SPECIAL PROCEDURES		
Special privileges <i>which may require additional documentation of training/proficiency:</i>	Requested	Approved
1. Radiofrequency thermocoagulation		
2. Placement of dorsal column stimulators		
3. Placement of indwelling intrathecal and epidural infusion pumps		
4.		
5.		
6.		
7.		

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges.

 \_\_\_\_\_  
*Physician Signature*

 \_\_\_\_\_  
*Date*

<u>APPROVAL:</u>	
_____ <i>Chief of Surgery</i>	_____ <i>Date</i>
_____ <i>Chairman of Credentials Committee</i>	_____ <i>Date</i>
_____ <i>Chief of Medical Staff</i>	_____ <i>Date</i>
_____ <i>Board of Trustees</i>	_____ <i>Date</i>