

**Delineation of Privileges Request  
Criteria Summary Sheet**

**Facility:** UPMC Altoona Surgery Center

**Specialty:** Neurosurgery

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program.
<b>TRAINING</b>	The successful completion of an approved (ACGME/AOA) post graduate residency program in Neurosurgery.
<b>CERTIFICATION</b>	Board Certification/Board Eligibility in accordance with the UPMC Altoona Medical Staff Bylaws, Rules & Regulations. Individuals board certified after 1997, must recertify every 10 years.
<b>OTHER</b>	<ul style="list-style-type: none"> <li>• <b><i>New applicants must submit case logs for the past 2 years for privileges requested.</i></b></li> <li>• <b><i><u>Required previous experience:</u> The successful applicant must be able to demonstrate that he or she has performed at least 50 neurological surgical procedures in the past 12 months.</i></b></li> <li>• <b><i><u>The following procedures require evidence of training and/or experience:</u></i></b> Lumbar fusion – anterior Endoscopic Carpal Tunnel Release Radiofrequency Lesioning Vertebroplasty</li> <li>• <b><i><u>Continuing Medical Education</u> requirements of the UPMC Altoona Medical Staff Bylaws, Rules and Regulations must be met. Additionally, 16 hours of trauma related CAT I CME are required each year.</i></b></li> <li>• <b><i><u>MODERATE SEDATION:</u></i></b> <ol style="list-style-type: none"> <li>A. Only a qualified Physician who meets the following requirements set by the MEC may administer Moderate Sedation in approved locations.           <ol style="list-style-type: none"> <li>1. The physician must possess a current ACLS provider card. In areas where moderate sedation is administered to pediatric patients, the physician must possess a current PALS provider card.</li> <li>2. The physician must complete the moderate sedation program provided by the Department of Anesthesiology. Verification of the completion of the required training is maintained in the Medical Staff Office. Renewal of moderate sedation credentials is required every 2 years.</li> </ol> </li> </ol> </li> <li>• <b><i><u>Vertebroplasty Criteria:</u></i></b> <ol style="list-style-type: none"> <li>1. Credentialed to care for vertebral fractures or has documented experience in the Pain Management care of vertebral fractures.</li> <li>2. Documented experience with the use of bone cement; otherwise privileges will be contingent upon being supervised when using bone cement, by a credentialed physician, for a minimum of five (5) procedures.</li> </ol> </li> </ul>

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	<p>3. Documentation of completion of an accredited course on the use of the delivery system.</p>
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