

UNIVERSITY OF MARYLAND MEDICAL CENTER

DEPARTMENT OF NEUROLOGY

REQUEST FOR CLINICAL PRIVILEGES

APPLICANT'S NAME: _____

DATE: _____

REQUESTED PRIVILEGES	CHECK IF REQUESTED	CHAIR APPROVAL Initial if Yes, Write Not Approved if No
Lumbar Puncture		
Nerve Conduction and electromyography		
Muscle Biopsy		
EEG and evoked potential studies		
Neurovascular Doppler & ultrasound studies		
Polysomnography (sleep studies)		
Cortical electrophysiologic functional mapping		
Wada tests		
Botulinum toxin injections		
Magnetic central and peripheral nervous system stimulation		
Other		

Applicant's Signature

Date

William J. Weiner, MD
Chairman, Department of Neurology

Date

Applicant's Confirming Signature
(to be completed if any requested privilege is not approved)

Date