NeuroLocums

Neurology

Applicant's Name: _____ ***Today's Date:*** _____

Please indicate which clinical capabilities you are able to perform, and list the appropriate number performed within the last 24 months.

Clinical Areas-Neurology*		**Procedures**	
Outpatient	☐	EEG (Electroencephalogram	☐
Inpatient	☐	Brain death exam	☐
Rehabilitation	☐	EMG (Electromyogram	☐
Procedures		NCV (Nerve Conduction Velocity tests)	☐
Radiologic exam interpretation (unofficial)	☐	Evoked potentials	☐
Diagnostic/therapeutic taps	☐	Pain management procedures	☐
Lumbar puncture	☐	Peripheral nerve blocks	☐
Subdural taps	☐	Spinal/paraspinal/epidural blocks	☐
Other (excludes above listed)	☐	Botulinum toxin administration (Botox)	☐
Thrombolytic therapy	☐	Sleep studies	☐
Biopsy - Nerve	☐	Disability evaluation	☐
Muscle	☐		

Definitions

*Neurology- *Diagnosis and management of neurological disorders, including headaches, seizures, stroke, dementia, etc.*

I affirm that all information given on this page is true and accurate.
(Please type or print the following)

Name: _____ ***Title:*** _____

Signature: _____ ***Date:*** _____