

Neurosurgery

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 Capabilities					
Area/Procedure					
General neurosurgery- Adult	<input type="checkbox"/>	#	Spinal surgery w/ instrumentation	<input type="checkbox"/>	#
Pediatric	<input type="checkbox"/>	#	Cervical	<input type="checkbox"/>	#
Neonate	<input type="checkbox"/>	#	Thoracic	<input type="checkbox"/>	#
Trauma	<input type="checkbox"/>	#	Lumbar	<input type="checkbox"/>	#
Cerebrovascular: Open	<input type="checkbox"/>	#	Spinal surgery w/o instrumentation	<input type="checkbox"/>	#
Endovascular	<input type="checkbox"/>	#	Cervical	<input type="checkbox"/>	#
Carotid or vertebral artery surgery	<input type="checkbox"/>	#	Thoracic	<input type="checkbox"/>	#
Aneurysm clipping	<input type="checkbox"/>	#	Lumbar	<input type="checkbox"/>	#
Tumors	<input type="checkbox"/>	#	Peripheral nerve surgery	<input type="checkbox"/>	#
Neuroendocrine surgery	<input type="checkbox"/>	#	Pain procedures	<input type="checkbox"/>	#
Stereotactic radiosurgery	<input type="checkbox"/>	#	Stimulators	<input type="checkbox"/>	#
Functional	<input type="checkbox"/>	#	Endovascular procedures	<input type="checkbox"/>	#
Seizure	<input type="checkbox"/>	#	Placement of ICP monitors	<input type="checkbox"/>	#
VP shunt	<input type="checkbox"/>	#	Applications of ext. traction	<input type="checkbox"/>	#
Skull base surgery	<input type="checkbox"/>	#	Ventilation management*	<input type="checkbox"/>	#
			Central line placement	<input type="checkbox"/>	#
			Laser certification (specify type):	<input type="checkbox"/>	

Definitions

General- *Evaluation and management of disorders involving the nervous system, including the use of ICP monitors and external traction, etc.*

*Ventilation management- *Establishing and maintaining an airway; various modes of ventilation.*

I affirm that all information given on this page is true and accurate.

(Please type or print the following)

Name: _____

Title: _____

Signature: _____

Date: _____