Huntington Memorial Hospital

Delineation Of Privileges

Surgical Stereotactic Technician

Provider Name:			
Privilege	Requested	Deferred	Approve
Job Description: Under the direct supervision of the employing physician, the Surgical Stereotactic Techn ancillary activities relating to the testing, diagnosing and treatment of seizure compromindirectly under the supervision of the registered nurse for proper aseptic technique and rules and regulations.	ised individua	ls. He/she	e is
Qualifications: An applicant for surgical stereotactic technologist privileges must have a bachelor's degradocuemented experience in computer hardware. Current BLS card from the American H			
 Acquires, prepares and manages cortical strip/grid electrodes and related supplies fo surgical procedures. 	r		
2. Operates ancillary equipment utilized during stereotactic procedures.			
3. Provides support for imaging and readiological procedures.			
4. Assists neurologist with seizure evaluation of surgical candidates.			
5. Assists with neurophysiological testing research and follow-up.			
6. Assists with application of stereotactic frame prior to tests or procedures.			
7. Deep brain stimulator electrode for Parkinson's Disease.			
8. Assists neurological exam for physical symtoms of Parkinson's Disease.			
ACKNOWLEDGEMENT OF THE ALLIED HEALTH PROFESSIONAL:			
I have requested only those privileges for which I am qualified to perform, based upon nexperience and demonstrated performance. I understand that in exercising my practice constrained by hospital and medical staff policies and rules, including those outlined in tRules and Regulations.	e privielges gra	anted, I aı	m
Signature of AHP:			

Huntington Memorial Hospital

Delineation Of Privileges

Surgical Stereotactic Technician

Provider Name:			
Privilege	Requested	Deferred	Approved
Signature of Supervising Physician: Date:			
INTERDISCIPLINARY PRACTICE COMMITTEE RECOMMENDATION:			
I have reviewed the requested practice privileges and supportive documentation for the a recommend action on the privileges as noted above.	bove name	s applican	t and
Applicant may perform practice privileges as indicated: YES	NO		
Exceptions/Limitations (Please Specify):			
APPROVALS			
Interdisciplinary Practice Committee: Date	e:		
Medical Executive Committee Date:			
Board of Directors Date:			