



Stanford
MEDICINE
Health Care



Stanford
MEDICINE
Health Care
Tri-Valley

APP Neurology - Stanford - Tri-Valley
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found [here](#).

Required Qualifications	
Education/Training	Successful completion of a PA or NP or CNS program
Licensure (Initial and Reappointment)	Current Licensure as a PA, RN or CNS in the state of CA Current certification as a NP in the state of California
Certification (Initial and Reappointment)	Current Certification as a PA, NP or CNS by a nationally accredited organization
Additional Qualifications (Initial and Reappointment)	Current BLS from the American Heart Association
Renewal Criteria	Maintenance of all the above qualifications
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS
Definitions	"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. "Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure. "Direct Supervision" means that the physician or non-physician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus

provider based department. The physician or non-physician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or non-physician practitioner does not have to be present in the room when the procedure is performed.

Patient Population

Request		<i>Request all privileges listed below.</i>
SHC	Tri-Valley	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Patient Population
		Infant
		Pediatric
		Adolescent
		Adult
		Geriatric
		Setting
		Outpatient
		Inpatient

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request		<i>Request all privileges listed below.</i>
SHC	Tri-Valley	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Privileges included in the Core:
		General Supervision
		Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty
		Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients
		Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient
		Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products
		Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services
		Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable
		Obtains informed consent, as indicated
		Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork
		Provides and coordinates patient teaching and counseling

	Medications Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]
	Controlled Medications Outpatient Prescription Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]

Qualifications

Renewal Criteria Maintenance of all the above qualifications
Minimum of 22 core cases required during the past two years

FPPE Requirements

SHC	Tri-Valley	
		Core - PHYSICIAN ASSISTANT (PA) - (Chart Review) 3 cases

Core Privileges - NURSE PRACTITIONER (NP)

Request		Request all privileges listed below.
SHC	Tri-Valley	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Privileges included in the Core:
		General Supervision
		Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures
		Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures
		Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures
		Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products
		Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services
		Performs designated procedures according to written standardized procedures where applicable

		Obtains informed consent, as indicated
		Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork
		Medications Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]
		Controlled Medications Outpatient Prescription Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]

Qualifications

Renewal Criteria Maintenance of all the above qualifications
Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

SHC	Tri-Valley	
		Core - NURSE PRACTITIONER (NP) - (Chart Review) 3 cases

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request	Request all privileges listed below.	
SHC	Tri-Valley	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Privileges included in the Core:
		General Supervision
		Evaluates and treats patients with acute, and chronic health complaints as well as health maintenance concerns related to specialty according to written standardized procedures Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized processes Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patients, according to written standardized procedures Administers and orders medications Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products
		Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services

		Performs designated procedures after demonstrated competency, according to written standardized procedure where applicable
		Obtains informed consent, as indicated
		Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork
		Recognizes and considers the age specific needs of patients
		Recognizes situations which require the immediate attention of a physician, and initiates lifesaving procedures when necessary
		Performs discharge summaries
		Medications Administer, order drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria]

Qualifications

Renewal Criteria Maintenance of all the above qualifications
Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

SHC	Tri-Valley	
		Core - CLINICAL NURSE SPECIALIST (CNS) - (Chart Review) 3 cases

Standardized Protocols/Standardized Procedures

Request	Request all privileges listed below.	
SHC	Tri-Valley	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		(requires selection of a core professional role above)
		General Supervision
		Medications - Independent Chemotherapy Ordering [CRITERIA - New hire APPs are not eligible for this privilege. In order to apply for this privilege, the APP must complete a minimum of one year of ordering of cancer-directed therapy with co-signature. The one-year supervision requirement may be waived by the attending MD if the APP is experienced in cancer prescribing therapy. The APSHO Cancer Therapy Prescribing Course certificate must be renewed every 3 years only if the APP actively prescribes cancer-directed therapy. As of February 1, 2026, the ONS or ASCO certificate will not be accepted, and ONLY APSHO certificate will be accepted. For APPs providing services primarily at Stanford Children's Health, the Association of Pediatric Hematology/Oncology Nurses (APHON) certification equivalence will be accepted. Renewal Criteria - Minimum 10 cases required during past two years.
		Administration Of Moderate Sedation [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]

	Personal Supervision
	First Assistant [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]

FPPE - Area is managed by Medical Staff Office. Please make NO selections	
SHC	Tri-Valley
	Administration of Moderate Sedation - (Chart Review) 5 cases
	Administration of Moderate Sedation - (Direct Observation) 5 cases
	First Assistant - (Chart Review) 1 case
	First Assistant - (Direct Observation) 2 cases
	Medications - Independent Chemotherapy Ordering - (Chart Review) 10 cases

Division

Request	Request all privileges listed below.
SHC	Tri-Valley
	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	(Select division which corresponds to your Supervising Physician)
	NEUROLOGY
	Neuro-Oncology - APSHO Cancer Therapy Prescribing Course certificate required within one year of hire. The APSHO Cancer Therapy Prescribing Course certificate must be renewed every 3 years only if the APP actively prescribes chemotherapy. As of February 1, 2026, the ONS or ASCO certificate will not be accepted and ONLY APSHO certificate will be accepted.
	Neurocritical Care - Requires current ACLS certification from the American Heart Association. ENLS certification from the Neurocritical Care Society required within one year of hire. ENLS certification must be renewed every 2 years.

Standardized Protocols/Standardized Procedures

Request	Request all privileges listed below.
	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.

SHC	Tri-Valley	
		- Currently granted privileges
		(requires selection of a core professional role above)
		General Supervision
		Arterial Line Placement [CRITERIA - Minimum 6 cases required]
		Central Venous Catheter (CVC): Insertion - Internal/External Jugular [Criteria: Initial - Must complete "Getting to Zero" educational module. Renewal - Must complete "Getting to Zero" educational module. Minimum of 10 cases required]
		Central Venous Catheter (CVC): Insertion - Femoral [Criteria: Initial - Must complete "Getting to Zero" educational module. Renewal - Must complete "Getting to Zero" educational module. Minimum of 6 cases required]
		Deep Brain Stimulation (DBS) Device Programming [CRITERIA - Minimum 6 cases required]
		Intranasal Sphenopalatine Ganglion (SPG) Block [CRITERIA - Minimum 6 cases required]
		Lumbar Puncture [CRITERIA - Minimum 6 cases required]
		Lumbar Puncture For Intrathecal Chemotherapy Administration [CRITERIA - Minimum 6 cases required]
		Needle Muscle Biopsy [CRITERIA - Minimum 6 cases required]
		Neurotoxin Injection [CRITERIA - Minimum 8 cases required]
		Ommaya Reservoir [CRITERIA - Minimum 4 cases required]
		Punch Biopsy [CRITERIA - Minimum 6 cases required]
		Responsive Neurostimulator (RNS) Device Programming [CRITERIA - Minimum 6 cases required]
		Trigger Point Injection [CRITERIA - Minimum 6 cases required]
		Vagus Nerve Stimulator (VSD) Device Programming [CRITERIA - Minimum 6 cases required]
		Ventricular Shunt / Reservoir Tap [CRITERIA - Minimum 6 cases required]
		Ventriculoperitoneal Shunt Programming [CRITERIA - Minimum 6 cases required]

FPPE - Area is managed by Medical Staff Office. Please make NO selections

SHC	Tri-Valley
	Arterial Line Placement - (Chart Review) 1 cases
	Arterial Line Placement - (Direct Observation) 2 cases
	Central Venous Catheter (CVC): Insertion - Internal/External Jugular - (Chart Review) 2 cases
	Central Venous Catheter (CVC): Insertion - Internal/External Jugular - (Direct Observation) 3 cases
	Central Venous Catheter (CVC): Insertion - Femoral - (Chart Review) 1 cases
	Central Venous Catheter (CVC): Insertion - Femoral - (Direct Observation) 2 cases
	Deep Brain Stimulation (DBS) Device Programming - (Chart Review) 2 cases
	Deep Brain Stimulation (DBS) Device Programming - (Direct Observation) 1 cases
	Intranasal Sphenopalatine Ganglion (SPG) Block - (Chart Review) 1 cases
	Intranasal Sphenopalatine Ganglion (SPG) Block - (Direct Observation) 2 cases
	Lumbar Puncture - (Chart Review) 1 cases
	Lumbar Puncture - (Direct Observation) 2 cases
	Lumbar Puncture for Intrathecal Chemotherapy Administration - (Chart Review) 1 cases
	Lumbar Puncture for Intrathecal Chemotherapy Administration - (Direct Observation) 2 cases
	Needle Muscle Biopsy - (Chart Review) 1 cases
	Needle Muscle Biopsy - (Direct Observation) 2 cases
	Neurotoxin Injection - (Chart Review) 2 cases
	Neurotoxin Injection - (Direct Observation) 2 cases
	Ommaya Reservoir Access - (Chart Review) 2 cases
	Ommaya Reservoir Access - (Direct Observation) 1 cases
	Punch Biopsy - (Chart Review) 1 cases
	Punch Biopsy - (Direct Observation) 2 cases
	Responsive Neurostimulator (RNS) Device Programming - (Chart Review) 2 cases
	Responsive Neurostimulator (RNS) Device Programming - (Direct Observation) 1
	Trigger Point Injection - (Chart Review) 1 cases
	Trigger Point Injection - (Direct Observation) 2 cases
	Vagus Nerve Stimulator (Vsd) Device Programming - (Chart Review) 1 cases
	Vagus Nerve Stimulator (Vsd) Device Programming - (Direct Observation) 2 cases
	Ventricular Shunt / Reservoir Tap - (Chart Review) 1 cases
	Ventricular Shunt / Reservoir Tap - (Direct Observation) 2 cases
	Ventriculoperitoneal Shunt Programming - (Chart Review) 1 cases
	Ventriculoperitoneal Shunt Programming - (Direct Observation) 2 cases

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____