NEUROLOGY :: Competency Skills Checklist

Provider Printed Name	

Please indicate by an "x" below those privileges which are commensurate with your clinical ability, training and experience, and for which you maintain current clinical competence. Where possible, please also indicate the # of procedures performed in the last 24 months.

× as applicable		× as applicable	
	Neurology		**Areas of Interest:**
	Outpatient		Traumatic Brain Injury
	Inpatient		Spinal Cord Injury
	Rehab		Stroke
			Neuromuscular Disorders
	Adult		Sleep Disorders
	Pediatric		
			Pain Management Procedures
			Peripheral Nerve Blocks
	Procedures		Spinal / Paraspinal blocks
	Electroencephalogram (EEG)		Epidural Blocks
	Brain Death Study		
	Electromyogram (EMG)		
	Nerve Conduction Studies		**Special Procedures**
	Somatosensory Evoked Potentials (SSEP)		Transcranial Doppler
	Visual Evoked Response (VER)		Deep Brain Stimulation (DBS)
	Auditory Evoked Response (AER)		Intraoperative Microelectrode Recording
	Brain Stem Auditory Evoked Response (BAER)		Botulinum Toxin Injection
	Head & Neck Vascular Ultrasound Interpretation		
	Sleep Studies		
	Lumbar Puncture - Adult		**Other**
	Lumbar Puncture – Pediatric		
	Subdural Taps		
	Thrombolytic Therapy		
	Muscle Biopsy		
	Peripheral Nerve Biopsy		
	Temporal Artery Biopsy		
	Intrathecal Administration of Medication		
	Arterial Lines		
	Central Venous Lines		
	Swan-Ganz Catheterization		
	Disability Evaluations		

Provider Signature **Date**