

**McLAREN GREATER LANSING
DEPARTMENT OF SURGERY/NEUROSURGERY SECTION
CREDENTIALING POLICY**

<u>Privileges</u>	<u>Education</u>	<u>Training/Experience</u>	<u>Observation</u>	<u>Biennial Renewal Benchmarks</u>
<p>Trephination Craniotomy Encephalography Cranioplasty Intracranial procedures Nerve resection and transplant Chordotomy Repair of meningocele Rhizotomy Sympathectomy Spinal cord operation Fracture of skull Fracture of neck Laminectomy</p>	<p>MD/DO</p>	<p>Successful completion of an ACGME or AOA-approved residency training program in neurosurgery.</p> <p>Documentation of training and experience must accompany request consisting of written endorsement by persons of known competence who can testify to skills in performing the requested procedures and number of cases performed. Reference letters must include at least one letter from the Residency Program Director or Section/Department Chair.</p>	<p>Minimum 6 observed cases satisfactorily performed, reflecting scope of privileges within initial 12 months unless extension is approved, or, procedure-specific observation as determined at time privilege is granted.</p>	<p>Demonstrated current competence.</p>