

**List of Core and Specialised Procedures for  
Neurology**

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

**Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.**

CORE PROCEDURES	Tick the correct box	
	Yes	No
Electroencephalography (EEG)		
Electromyography		
Lumbar Puncture		
Perform and Report of Transcranial Doppler Study of Intracranial Arteries		
Perform and Report Ultrasonography of Carotid Arteries		
Sleep Study		
Caudal Infusion		
Epidural Infusion		
Administration of Agent Around Spinal Nerve		
Tensilon Test		
Vestibular Function Tests		

**Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.**

Please list the procedures that you are performing (if any) for review by the Farrer Park Hospital and/or Farrer Park Medical Centre and/or Medical Boards. Further information and/or interview may be requested after the review.

Name of Referee: _____  Designation: _____  Date: _____  Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently.
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SPECIALISED PROCEDURES	Tick the correct box		Signature of Referee
	Yes	No	

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_