

Scope of Practice Form – Neurosurgery

Name of the Applicant: _____

Neurosurgery		Number of Procedures Performed	Privileges Applied	Privileges granted
(A) Core Privileges				
1.	LA procedures for nerve block, nerve and muscle biopsy			
2.	Burr hole for ventriculostomy/ICP monitoring			
3.	Cerebrospinal fluid diversion procedures			
4.	Craniotomy for traumatic brain injury			
5.	Craniotomy for cerebrovascular accidents (except revascularization)			
6.	Craniotomy for supratentorial or infratentorial tumor			
7.	Cranioplasty (except for paediatric congenital condition)			
8.	Intradural spine surgery without instrumentation			
9.	Lumbar Puncture			
(B) Special Privileges				
10.	Endovascular procedure (embolization, angioplasty and stenting)			
11.	Craniofacial resection +/- reconstruction			
12.	Epilepsy surgery			
13.	Deep brain stimulation for functional disorders			
14.	Local, percutaneous or spinal procedures for functional disorders			
15.	Pain surgery (cranial or spinal, lesioning or stimulation procedures)			
16.	Stereotactic radiotherapy / radiosurgery			
17.	Spinal surgery (cervical, thoracic, lumbar, sacral) WITHOUT instrumentation			
18.	Spinal surgery (cervical, thoracic, lumbar, sacral) WITH instrumentation			
(C) Others (Please specify)				

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20241021)

For Official Use Only

Approved by:

Signature: _____

Date: _____

Name & Title: _____