

APP PRIVILEGES in OPTOMETRY

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 Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

Required Qualifications

Education/Training	Successful completion of a professional optometric degree program leading to an OD. The program must be accredited by the Accreditation Council on Optometric Education (ACOE). AND Possession of a valid Therapeutic Pharmaceutical Agent (TPA) Certificate
Licensure	Valid California state license to practice optometry.
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Core Privileges

Qualifications

Renewal Criteria Minimum 100 cases required during the past 2 years

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
	Independently examine, diagnose, treat, and manage common ocular conditions, diseases, and injuries as specified by the state board of optometric practice. Appropriate consultation will be sought when needed.		
	Core privileges in optometry include but are not limited to the following:		
	Perform primary care examinations, including refraction		
	Diagnose vision problems and eye diseases		
	Test patients' visual acuity, depth and color perception, and ability to focus and coordinate their eyes		
	Analyze test results and develop a treatment plan		
	Provide pre- and postoperative care to cataract patients as well as those who have had laser vision correction or other eye surgery		
	Provide emergency eye care services		
	Diagnose conditions due to systemic diseases such as diabetes and high blood pressure, referring patients to other health practitioners as needed		
	Administer topical ocular drugs for diagnostic and therapeutic purposes		

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

- Core (Chart Review)
- Core (Direct Observation)

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

[applicant]

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

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring 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