



## Privileges in Ophthalmology Service

# SAMPLE



Required Qualifications	
<b>Education/Training</b>	<p>Successful completion of an ACGME accredited residency in ophthalmology or foreign equivalent training and possession of an MD or DO degree and valid Medical Board of California license.</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in Ophthalmology by the American Board of Ophthalmology or foreign equivalent training/board.</p>
<b>Additional Credentialing Criteria (Initial and Reappointment)</b>	<p>In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years</p> <p>Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required</p> <p>Teaching appointment to work in SHC outpatient clinics (except Laser Eye Center)</p> <p>Membership and privileges at LPCH to admit, treat patients 14 years old and younger</p>
<b>Clinical Experience (Initial)</b>	
<b>Placement of external radiotherapeutic source; Treatment of intraocular tumor</b>	Documentation of fellowship in Retina or Oncology. Minimum 12 cases
<b>Temporal Artery Biopsy</b>	Documentation of additional training and experience in oculoplastic surgery, general surgery, vascular surgery or neuro-ophthalmology
<b>CORNEA</b>	Documentation of residency in Ophthalmology and fellowship in Corneal Disease Must have appropriate proof of training on each of the equipment requesting privileges for. (Training and certification administered by the equipment manufacturer) Minimum of 10 cases.
<b>RETINA</b>	Documentation of additional training and experience including at least 1 year fellowship in Retinal Disease
<b>OCULOPLASTIC</b>	Fellowship training in Oculoplastic Surgery Must have appropriate proof of training on each of the equipment requesting privileges for. (Training and certification administered by the equipment manufacturer)

<b>PATHOLOGY</b>	Eye Pathology Fellowship Minimum of 50 cases per year required
<b>REFRACTIVE SURGERY</b>	Must have appropriate proof of training on each of the equipment requesting privileges for. (Training and certification administered by the equipment manufacturer) Minimum of 10 cases for each Refractive Surgery selected.
<b>Clinical Experience (Reappointment)</b>	Minimum 12 cases required during the past 2 years - Core; LASIK; Phakic intraocular lenses (PIOL, ICL<PRL, Artisan); Femtosecond laser kermileusis Minimum 6 cases required during the past 2 years - LASEK; PRK; Intacs; Epikeratophakia; Phototherapeutic keratectomy (PTK); Radial and/or astigmatic keratotomy (RK, AK); Conductive keratoplasty (CK); Laser thermo keratoplasty (LTK); Epikeratome assistant LASEK and PRK
<b>FPPE Chart Reviews</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS 3 chart reviews - Core; Placement of external radiotherapeutic source; Treatment of intraocular tumor; Temporal Artery Biopsy; RETINA; OCULOPLASTIC; PATHOLOGY 5 chart reviews - Administration of Moderate Sedation
<b>FPPE Observations</b>	3 observations - Core; Placement of external radiotherapeutic source; Treatment of intraocular tumor; Temporal Artery Biopsy; RETINA; OCULOPLASTIC; PATHOLOGY 1 observations - Penetrating keratoplasty, lamellar keratoplasty; LASIK; LASEK; PRK; Intacs; Phakic intraocular lenses (PIOL, ICL<PRL, Artisan); Femtosecond laser kermileusis; Epikeratophakia; Phototherapeutic keratectomy (PTK); Radial and/or astigmatic keratotomy (RK, AK); Conductive keratoplasty (CK); Laser thermo keratoplasty (LTK); Epikeratome assistant LASEK and PRK

**Provide care on LPCH patients in specific areas of SHC**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

**Core Privileges**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Privileges included in the Core:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide surgical and nonsurgical care to patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways.	<input type="checkbox"/>
<input type="checkbox"/>	Use of local anesthetics and parenteral sedation for ophthalmologic conditions	<input type="checkbox"/>
<input type="checkbox"/>	Insertion/removal of intra-ocular lens	<input type="checkbox"/>
<input type="checkbox"/>	Repair of globe and adnexal injuries	<input type="checkbox"/>
<input type="checkbox"/>	Lacrimal disorders (probing)	<input type="checkbox"/>
<input type="checkbox"/>	Removal of eye (evisceration, enucleation)	<input type="checkbox"/>
<input type="checkbox"/>	Eyelid surgery	<input type="checkbox"/>
<input type="checkbox"/>	Minor surgery such as pterygia, chalazia, biopsies, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Anterior orbitotomy	<input type="checkbox"/>
<input type="checkbox"/>	Strabismus procedures	<input type="checkbox"/>
<input type="checkbox"/>	Anterior segment surgery	<input type="checkbox"/>
<input type="checkbox"/>	Removal and repair of facial skin lesions	<input type="checkbox"/>
<input type="checkbox"/>	Surgery on conjunctive and pterigium	<input type="checkbox"/>
<input type="checkbox"/>	Trabeculectomy	<input type="checkbox"/>
<input type="checkbox"/>	Iridectomy and iridotomy	<input type="checkbox"/>
<input type="checkbox"/>	Cataract surgery	<input type="checkbox"/>
<input type="checkbox"/>	Glaucoma surgery, trabeculotomy	<input type="checkbox"/>
<input type="checkbox"/>	Anterior segment laser photocoagulation	<input type="checkbox"/>

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in the Stanford Laser Eye Center	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
	<b>Oncology</b>	
<input type="checkbox"/>	Placement of external radiotherapeutic source	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of intraocular tumor	<input type="checkbox"/>
<input type="checkbox"/>	Temporal Artery Biopsy	<input type="checkbox"/>
	<b>CORNEA</b>	
<input type="checkbox"/>	Penetrating keratoplasty, lamellar keratoplasty	<input type="checkbox"/>
	<b>RETINA</b>	
<input type="checkbox"/>	Vitreo-retinal surgery: scleral buckling, vitrectomy, intraocular gas injection; Retinal laser photocoagulation; Photodynamic therapy; Endolaser photocoagulation	<input type="checkbox"/>
	<b>OCULOPLASTIC</b>	
<input type="checkbox"/>	Ophthalmic plastic and orbital surgery; coronal and endoscopic browlift; orbito-facial fracture repair and reconstruction; orbital surgery and decompression; orbital exenteration, endoscopic dacryocystorhinostomy, laser resurfacing and laser treatment of vascular lesions, orbital and periocular implants; midface and cheek lift; harvest grafts	<input type="checkbox"/>
	<b>PATHOLOGY</b>	
<input type="checkbox"/>	Ophthalmic Pathology	<input type="checkbox"/>

**REFRACTIVE SURGERY**

Request <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	LASIK	<input type="checkbox"/>
<input type="checkbox"/>	LASEK	<input type="checkbox"/>
<input type="checkbox"/>	PRK	<input type="checkbox"/>
<input type="checkbox"/>	Intacs	<input type="checkbox"/>
<input type="checkbox"/>	Phakic intraocular lenses (PIOL, ICL<PRL, Artisan)	<input type="checkbox"/>
<input type="checkbox"/>	Femtosecond laser kertonileusis	<input type="checkbox"/>
<input type="checkbox"/>	Epikeratophakia	<input type="checkbox"/>
<input type="checkbox"/>	Phototherapeutic keratectomy (PTK)	<input type="checkbox"/>
<input type="checkbox"/>	Radial and/or astigmatic keratotomy (RK, AK)	<input type="checkbox"/>
<input type="checkbox"/>	Conductive keratoplasty (CK)	<input type="checkbox"/>
<input type="checkbox"/>	Laser thermo keratoplasty (LTK)	<input type="checkbox"/>
<input type="checkbox"/>	Epikeratome assistant LASEK and PRK	<input type="checkbox"/>

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