



## Privileges in Ophthalmology Service

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**.

### Required Qualifications

#### Education/Training

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.

**AND**

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.

#### FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

**Assist Only**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Assist Only - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above	

**Qualifications**

<b>Additional Information</b>	No Admitting privileges Must have primary surgeon in attendance for all procedures scheduled
<b>Renewal</b>	Must maintain reappointment activity of 11+ per year Maintain 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

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

Assist Only - Ophthalmology (Chart Review)

**Core Privileges**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<b>Privileges included in the Core:</b>	
	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.	
	Use of local anesthetics and parenteral sedation for ophthalmologic conditions	
	Anterior segment surgery including cataract surgery, Insertion/removal of intra-ocular lens, iridectomy, etc.	
	Repair of globe and adnexal injuries	
	Eyelid surgery, Lacrimal disorders (probing), Removal and repair of facial skin lesions	
	Removal of eye (evisceration, enucleation)	
	Minor surgery such as pterygia, chalazia, biopsies, surgery on conjunctiva, etc.	
	Anterior orbitotomy	
	Strabismus procedures	
	Glaucoma surgery including, trabeculotomy, drainage device insertion	
	Endoscopic laser of ciliary body	
	Posterior segment laser including retinal photocoagulation	
	Anterior segment laser including iridotomy, iridoplasty, trabeculoplasty, capsulotomy, transscleral laser	

Qualifications

**Renewal Criteria** Minimum 12 Core cases required during the past 2 years

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

Core - Ophthalmology (Chart Review)

Core - Ophthalmology (Direct Observation)

## Special Privileges

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

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Treatment of patients in outpatient clinics at Stanford Health Care [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	<b>Oncology</b>	
	Placement of external radiotherapeutic source [CRITERIA - Initial - Documentation of fellowship in Retina or Oncology. Minimum 12 of cases. Renewal - Minimum 6 cases required during the past 2 years.]	
	Treatment of intraocular tumor [CRITERIA - Initial - Documentation of fellowship in Retina or Oncology. Minimum 12 of cases. Renewal - Minimum 6 cases required during the past 2 years.]	
	<b>CORNEA</b>	
	Penetrating keratoplasty, lamellar keratoplasty [CRITERIA - Initial - Documentation of residency in Ophthalmology and fellowship in Corneal Disease. Renewal - Minimum 10 cases required during the past 2 years]	
	<b>RETINA</b>	
	Vitreo-retinal surgery: scleral buckling, vitrectomy, intraocular gas injection; Retinal laser photocoagulation; Photodynamic therapy; Endolaser photocoagulation [CRITERIA - Initial - Documentation of additional training and experience including at least 1 year fellowship in Retinal Disease Renewal - Minimum 10 cases required during the past 2 years]	
	<b>OCULOPLASTIC</b>	
	Ophthalmic plastic and orbital surgery; coronal and endoscopic browlift; orbito-facial fracture repair and reconstruction; orbital surgery and decompression; orbital exenteration, endoscopic dacryocystorhinostomy, orbital and periocular implants; midface and cheek lift; Removal/excision of superficial neck lesions; harvest grafts temporal artery biopsy [CRITERIA - Initial - Fellowship training in Oculoplastic Surgery Renewal - Minimum 10 cases required during the past 2 years]	
	<b>PATHOLOGY</b>	
	Ophthalmic Pathology [CRITERIA - Initial - Eye Pathology Fellowship Minimum of 50 cases per year required. Renewal - Minimum 100 cases required during the past 2 years]	

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

- Administration of Moderate Sedation
- Oculoplastic (Chart Review)
- Oculoplastic (Direct Observation)
- Pathology (Chart Review)
- Pathology (Direct Observation)
- Placement of external radiotherapeutic source (Chart Review)
- Penetrating keratoplasty, lamellar keratoplasty
- Placement of external radiotherapeutic source (Direct Observation)

Retina (Chart Review)  
 Retina (Direct Observation)  
 Temporal Artery Biopsy (fulfilling Oculoplastics FPPE requirement also fulfills Temporal Artery Biopsy) (Chart Review)  
 Temporal Artery Biopsy (fulfilling Oculoplastics FPPE requirement also fulfills Temporal Artery Biopsy) (Direct Observation)  
 Treatment of intraocular tumor (Chart Review)  
 Treatment of intraocular tumor (Direct Observation)

**REFRACTIVE SURGERY**

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

**Qualifications**

**Initial Criteria**                    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, or proctoring until 10 cases minimum met.

**Renewal Criteria**                    Minimum 6 cases required for each Refractive Surgery privilege selected during the past 2 years, or proctoring until case minimum met.

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

Conductive keratoplasty (CK)  
 Epikeratome assistant LASEK and PRK  
 Epikeratophakia  
 Femtosecond laser kermileusis  
 Intacs  
 Laser thermo keratoplasty (LTK)  
 LASIK  
 LASEK (Chart Review)  
 Phakic intraocular lenses (PIOL, ICL less than PRL, Artisan)  
 Phototherapeutic keratectomy (PTK)  
 PRK (Chart Review)  
 Radial and/or astigmatic keratotomy (RK, AK)

**Acknowledgment of Applicant**

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request  
By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

**Service Chief Recommendation - Privileges**

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**


Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date