

Privileges in Ophthalmology Service

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine
- 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**

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL or UTL) Clinical Educator Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core: **</u> 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.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>These privileges include:</p> <ul style="list-style-type: none"> • Use of local anesthetics and parenteral sedation for ophthalmologic conditions • Insertion/removal of intra-ocular lens • Repair of globe and adnexal injuries • Lacrimal disorders (probing) • Removal of eye (evisceration, enucleation) • Eyelid surgery • Minor surgery such as pterygia, chalazia, biopsies, etc. • Anterior orbitotomy • Strabismus procedures • Anterior segment surgery • Removal and repair of facial skin lesions • Surgery on conjunctive and pterigium • Trabeculectomy • Iridectomy and iridotomy • Cataract surgery • Glaucoma surgery, trabeculotomy 	<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 align="center"><u>AND</u></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>	<p>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</p> <p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p> <p>Minimum 12 cases required</p>	<p>3 chart reviews 3 observations</p>

SPECIAL PRIVILEGES
 (MUST ALSO MEET THE CRITERIA ABOVE)

REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	PROCTORING REQUIREMENTS
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	5 chart reviews
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Treatment of patients in the Stanford Laser Eye Center	Must have appropriate proof of training on each piece of equipment requesting privileges for. (Training and certification administered by the equipment manufacturer.)	_____ # of cases in 2 years Minimum 12 cases required	
<input type="checkbox"/>	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<u>Oncology</u>				
<input type="checkbox"/>	Placement of external radiotherapeutic source	Documentation of fellowship in Retina or Oncology. Minimum 12 of cases	_____ # of cases in 2 years Minimum 6 of cases required	3 chart reviews or 3 observations
<input type="checkbox"/>	Treatment of intraocular tumor	Documentation of fellowship in Retina or Oncology. Minimum 12 of cases	_____ # of cases in 2 years Minimum 6 of cases required	3 chart reviews or 3 observations
<input type="checkbox"/>	Temporal Artery Biopsy	Documentation of additional training and experience in oculoplastic surgery, general surgery, vascular surgery or neuro-ophthalmology	_____ # of cases in 2 years Minimum 6 of cases required	3 chart reviews or 3 observations
<u>CORNEA</u>				
<input type="checkbox"/>	Penetrating keratoplasty, lamellar keratoplasty	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.	_____ # of cases in 2 years Minimum 5 cases required	1 observations
<u>REFRACTIVE SURGERY</u>				
<input type="checkbox"/>	LASIK	Documentation of residency in Ophthalmology. 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.	_____ # of cases in 2 years Minimum 12 cases required	1 observations
<input type="checkbox"/>	LASEK	Documentation of residency in Ophthalmology. 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.	_____ # of cases in 2 years Minimum 6 cases required	1 observations

<input type="checkbox"/>	PRK	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations
<input type="checkbox"/>	Intacs	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations
<input type="checkbox"/>	Phakic intraocular lenses (PIOL, ICL<PRL, Artisan)	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 12 cases required	1 observations
<input type="checkbox"/>	Femtosecond laser kertomileusis	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 12 cases required	1 observations
<input type="checkbox"/>	Epikeratophakia	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations
<input type="checkbox"/>	Phototherapeutic keratectomy (PTK)	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations
<input type="checkbox"/>	Radial and/or astigmatic keratotomy (RK, AK)	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations
<input type="checkbox"/>	Conductive keratoplasty (CK)	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations
<input type="checkbox"/>	Laser thermo keratoplasty (LTK)	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations
<input type="checkbox"/>	Epikeratome assistant LASEK and PRK	Documentation of residency in Ophthalmology. 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.	_____# of cases in 2 years Minimum 6 cases required	1 observations

	<u>RETINA</u>			
<input type="checkbox"/>	Vitreo-retinal surgery: scleral buckling, vitrectomy, intraocular gas injection	Documentation of additional training and experience including at least 1 year fellowship in Retinal Disease	_____ # of cases in 2 years Minimum 10 cases required	3 chart reviews 3 observations
	<u>OCULOPLASTIC</u>			
<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	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)	_____ # of cases in 2 years Minimum 10 cases required	3 chart reviews 3 observations
	<u>PATHOLOGY</u>			
<input type="checkbox"/>	Ophthalmic Pathology	Eye Pathology Fellowship Minimum of 50 cases per year required	_____ # of cases in 2 years Minimum 100 cases required	3 chart reviews 3 observations

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED and MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

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 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.

Applicant Signature: _____ Date _____
 If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.