

Applicant Name: _____

**Louisiana Medical Center and Heart Hospital
Surgery Department
Ophthalmology/Retinal Surgery**

Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

Place a check mark in the appropriate box for each set of privileges. Please cross out any procedures that you will not be performing at this facility. All privileges will have a focused period of monitoring and if any privileges requested are not performed in this facility within the first 12 months, those privileges will not be renewed.

If you perform privileges which are not listed, please write them in, send in documentation that you have been trained on the procedure as well as how many you of the procedures have been done and where they were performed at.

Privilege	Procedures	Requested	Not Requested
CORE I PRIVILEGES			
	Privileges include but are not limited to admission, workup, diagnosis and the performance of surgical procedures on patients of all ages presenting with illnesses, injuries and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the ophthalmologic problem. These privileges include but are not limited to the following: -Surgery of the eye and adnexa; cornea, iris, lens extraction, IOL insertion, vitreous, retina, orbit, lids, lacrimals -Removal of superficial foreign bodies -Surgery Techniques needed for trauma/emergency care. -Enucleation -Retrolbulbar injection -Dilation of lacrimal puncta		
MODERATE SEDATION (MUST INCLUDE ACLS CERT)			
Privilege	Procedures	Requested	Not Requested
RETINA SURGERY			
	Applicant must have satisfactorily completed a residency or fellowship in Retinal Surgery Privileges include all retinal surgery procedures: -Pars Plana vitrectomy -Membrane peel -Pars plana lensectomy -Scleral buckle -endolaser and indirect laser -retinotomy -retinectomy -gas and oil injection and removal		

I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the Ophthalmology/Retinal Surgery procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.

Applicant Signature

Date

The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.





___Yes ___No

Department Chair Signature

Date

Dear Physician:

Every physician seeking appointment/reappointment/advancement to Louisiana Heart Hospital & Medical Center is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement.

-  Initially licensed less than 1 year on the basis of examination;
-  Engaged in military service longer than one year's duration outside of Louisiana;
-  Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
-  Currently in a residency training or fellowship.

Please submit copies of your CMEs that you have completed for the past two years.

Thank you,

Medical Staff Coordinator,
Louisiana Medical Center and Heart Hospital