

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION**

OPHTHALMOLOGY

APPLICANT NAME:

CORE PRIVILEGES:

Ophthalmology privileges include admission, work up, diagnosis, and provision of nonsurgical and surgical care to patients of all ages presenting with illnesses, injuries, conditions, 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 core privileges do not include any of the privileges listed under Special Privileges.

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in Ophthalmology.

Subspecialty: _____.

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

CLASS III:

Board certification in Ophthalmology; or

Active board certification application in Ophthalmology pending, having completed an ACGME- or AOA-approved post graduate training program in Ophthalmology; or

Completion of an ACGME- or AOA-approved post graduate training program and full time ophthalmology experience for a minimum of the last six (6) years consecutively.

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

Other training, please explain:

THIS SPACE LEFT BLANK

OPHTHALMOLOGY PRIVILEGES APPLICATION.

NAME:

SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
PRIVILEGES
REQUESTED
RECOMMENDED
YES NO

YES NO

___ ___ Corneal transplantation.

___ ___

Training/Experience: _____

___ ___ Intravenous conscious sedation.

___ ___

Training/Experience: _____

NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 14.63.

___ ___ Penetrating keratoplasty.

Training/Experience: _____

___ ___ Retinal surgery.

___ ___

Training/Experience: _____

___ ___ Use of surgical laser.

Training/Experience: _____

ADDITIONAL PRIVILEGES (Specify, stated with training/experience):

___ ___

___ ___

APPLICANT SIGNATURE: _____

DATE: _____

THIS SPACE LEFT BLANK

OPHTHALMOLOGY PRIVILEGES APPLICATION.

NAME:

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____

Department Chairperson

Date of Review

SURGERY DEPARTMENT.
Medical Staff Department

MSS: REVISED 09/99.