Regions Hospital
Delineation of Privileges
Ophthalmology

Applicant's Name: _____
Last First M.

Instructions:
- Place a check-mark where indicated for each core group you are requesting.
- Review *education and basic formal training* requirements to make sure you meet them.
- Review *documentation and experience* requirements and be prepared to prove them.
  - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
- Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

☐ CORE I: Ophthalmology medical and surgical

Privileges

Admission, work-up and performance of medical and 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. The core privileges in this specialty include the procedures on the core procedures list and such other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training

1. MD, DO, MBBS and MB BCH.
2. Successful completion of an ophthalmology residency program accredited by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. Current certification in ophthalmology by the American Board of Ophthalmology, American Osteopathic Board of Ophthalmology or the Royal College of Physician and Surgeons of Canada -- or active participation in the examination process leading to certification within 5 years.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____	Name: _____
Name of Facility: _____	Name of Facility: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation showing the number of inpatient services performed during the past 24 months;
   Or
   Provide contact information for a physician-peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____

☐ Special Privileges: Corneal Surgical Procedures

Privileges

Core I privileges are required to request special privileges in corneal surgical procedures.
Corneal surgical procedures include:

- Keratoplasty and keratotomy
- Refractive surgery

Basic education and minimal formal training

1. MD, DO, MBBS and MB BCH.
2. Successful completion of an ophthalmology residency program accredited by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. Successful completion of a corneal fellowship
4. Current certification in ophthalmology by the American Board of Ophthalmology, American Osteopathic Board of Ophthalmology or the Royal College of Physician and Surgeons of Canada -- or active participation in the examination process leading to certification within 5 years.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide contact information for a physician-peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name _____
Name of Facility: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

☐ Special Privileges: Retinal Surgical Procedures

Privileges

Core I privileges are required to request special privileges in retinal surgical procedures.
Retinal surgical procedures include:

- Retinal reattachment
- Parsplama vitrectomy
- Posterior foreign body removal
- Argon intraop laser

Basic education and minimal formal training

1. MD, DO, MBBS and MB BCH.
2. Successful completion of an ophthalmology residency program accredited by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. Successful completion of a retinal fellowship
4. Current certification in ophthalmology by the American Board of Ophthalmology, American Osteopathic Board of Ophthalmology or the Royal College of Physician and Surgeons of Canada -- or active participation in the examination process leading to certification within 5 years.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide contact information for a physician-peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name _____
Name of Facility: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

☐ Special Privileges: Occuloplastic Procedures

Privileges

Core I privileges are required to request special privileges in occuloplastic procedures.
Occuloplastic procedures include:

- Exploration by lateral orbitotomy, exenteration, blow-out fracture, rim repairs, tumor and foreign body removal
- Plastic repair and reconstruction of lids

Basic education and minimal formal training

1. MD, DO, MBBS and MB BCH.
2. Successful completion of an ophthalmology residency program accredited by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada.
3. Successful completion of an occuloplastic fellowship
4. Current certification in ophthalmology by the American Board of Ophthalmology, American Osteopathic Board of Ophthalmology or the Royal College of Physician and Surgeons of Canada -- or active participation in the examination process leading to certification within 5 years.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide contact information for a physician-peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name _____
Name of Facility: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Core Procedure List — Ophthalmology Clinical Privileges

Applicant: Strike though the procedures you do not want to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

General

1. Performance of history and physical exam
2. A and B mode ultrasound examination
3. Conjunctiva surgery, including grafts, flaps, tumors, pterygium, and pinguecula
4. Corneal surgery, including traumatic repair but excluding keratoplasty and keratotomy
5. Corneal/scleral laceration repair
6. Cryotherapy for retinal tears or uncontrolled painful glaucoma
7. Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery, reoperation, and Seton/tube surgery
8. Injection of intravitreal medications
9. Cataract surgery (intra- and extracapsular cataract extraction with or without lens implant or phacoemulsification)
10. Laser peripheral iridotomy, trabeculoplasty, pupilo-/gonioplasty, suture lysis, panretinal photocoagulation, macular photocoagulation, repair of retinal tears, capsulotomy, cyclophotocoagulation, sclerostomy, and lysis
11. Lid and ocular adnexal surgery, including plastic procedures, chalazion, ptosis, ectoprion, repair of laceration, blepharospasm repair, tumors, flaps and enucleation.
12. Nasolacrimal surgery, including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass, probing and irrigation, and balloon dacryoplasty
13. Orbit surgery, including removal of the globe and contents of the orbit.
14. Removal of anterior and/or posterior segment foreign body
15. Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control
16. Strabismus surgery
17. Use of local anesthetics and parenteral sedation for ophthalmologic conditions
18. Vitro-retinal surgery, laser or cryoplasty

Anterior segment surgery

1. Conjunctivoplasty
2. Extracapsular cataract surgery w/wo implants
3. Intracapsular cataract surgery
4. Removal of anterior segment foreign body

Eyelid surgery

1. Entropion repair
2. Excision/drainage abscess
3. Laceration, lid (simple, complicated)
4. Lid mass excision/biopsy

Corneal surgery

1. Corneal/scleral laceration repair
2. Removal of corneal foreign body
3. Small cysts and non-malignant neoplasms

Retinal

1. Injection of intravitreal antibiotics
2. Removal of scleral foreign body
3. Scleral laceration repair
4. Repair of retinal detachment

Lacrimal

1. Dacryocystectomy
2. Dacryocystorhinostomy
3. Excision of lacrimal sac mass
4. Probing and irrigation

Orbital surgery

1. Enucleation
2. Incision/drainage abscess
3. Lacrimal gland biopsy
4. Removal of foreign body

ACKNOWLEDGEMENT 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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

_____ _____

Signature Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

☐ Recommend all requested privileges

☐ Recommend privileges with the following conditions/modifications

☐ Do not recommend the following requested privileges

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

_____ _____

Signature Date