

Ophthalmology

Name: _____

MEDICAL STAFF CATEGORY REQUESTED:

- Active – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.
- Courtesy - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.
- Consulting – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.

Qualifications for Surgical Ophthalmology Privileges

- Documentation of the performance of at least 50 ophthalmologic surgical procedures performed in a JCAHO-accredited hospital or outpatient surgery center in the past two years, or demonstrated successful completion of a hospital-affiliated formalized ophthalmology residency or clinical fellowship in the past two years; and
- Current certification or active participation in the examination process leading to certification in ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology; or
- Successful completion of an ACGME- or AOA-accredited residency in ophthalmology.

Surgical Ophthalmology Privileges (Please indicate with a check mark the privileges requested)

- Admit, evaluate, diagnose, consult, and provide surgical and nonsurgical care to patients of all age—except as specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat illnesses, injuries, and disorders of the eye, including its related structures and visual pathways.
- Topical medication for care or ocular and associated dermatological disease
- Use of local anesthetics and parenteral sedation for ophthalmologic condition
- Nasolacrimal duct surgery
- Strabismus surgery
- Temporal Artery Biopsy

Special Procedures Privileges: (Please indicate with a check mark the privileges requested)

To be eligible for privileges in ophthalmology, the applicant must meet the following qualifications:

- The applicant must demonstrate successful completion of an approved fellowship; or
- An approved oculoplastic/orbital/neuro-ophthalmology fellowship; or
- A surgical vitreoretinal fellowship; or
- A glaucoma fellowship; And

**Harris Methodist Southlake Center for Diagnostics and Surgery
Privileges in Ophthalmology**

- Provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Special Procedure/Privilege	Criteria	Requested	Recommended	Not recommended
Advanced oculoplastic/Orbital Surgical Procedures – includes but not limited to: orbital exploration, orbital exenteration, orbital decompression, repair orbital fractures, lacrimal surgery, eyelid repairs, eyelid reconstruction, skin grafts, blepharoplasty, entropion repair, ectropion repair, tumor excision or biopsy	6 cases			

If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.

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 Harris Methodist Southlake, and

I understand that:

- (a) 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.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: _____ Recommend _____ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):
