



Privileges in Ophthalmology

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have Administration of Sedation privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
Initial Core Criteria Education/Training	Successful completion of an ACGME accredited Residency training program in Ophthalmology or foreign equivalent training AND Current certification or active participation in the examination process leading to certification in ophthalmology the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology or foreign equivalent training/board. AND Must be able to demonstrate competence in treating patients under 12 years of age in their area of expertise
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec <input type="checkbox"/>
	CORE Privileges	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide non-surgical care to pediatric patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways	<input type="checkbox"/>
<input type="checkbox"/>	Use of local anesthetics for ophthalmologic conditions	<input type="checkbox"/>
<input type="checkbox"/>	Anterior segment surgery including cataract surgery, Insertion/removal of intra-ocular lens, iridectomy, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Repair of globe and adnexal injuries	<input type="checkbox"/>
<input type="checkbox"/>	Eyelid surgery, Lacrimal disorders (probing), Removal and repair of facial skin lesions	<input type="checkbox"/>
<input type="checkbox"/>	Removal of eye (evisceration, enucleation)	<input type="checkbox"/>
<input type="checkbox"/>	Minor surgery such as pterygia, chalazia, biopsies, surgery on conjunctiva, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Strabismus procedures	<input type="checkbox"/>
<input type="checkbox"/>	Lateral canthotomy	<input type="checkbox"/>
<input type="checkbox"/>	Glaucoma surgery including trabeculotomy, drainage device insertion	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum of 12 cases required during the past two years

FPPE

☐ Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	<input type="checkbox"/>
	Cornea:	
<input type="checkbox"/>	Penetrating keratoplasty (PKP) [Initial Criteria - Residency or fellowship training in Cornea and/or documentation of appropriate training and experience. Minimum of 10 cases. Renewal Criteria - Minimum 5 cases required in the past two years.]	<input type="checkbox"/>
	Retina:	
<input type="checkbox"/>	Vitreo-retinal surgery: Scleral buckling, Vitrectomy, Intraocular gas injection, Photodynamic therapy; Endolaser photocoagulation [Initial Criteria - Documentation of additional training and experience including at least 1 year fellowship in Retinal Disease. Minimum of 4 cases Renewal Criteria - Minimum 10 cases required in the past two years.]	<input type="checkbox"/>
<input type="checkbox"/>	Retinal laser e.g. Retinal laser photocoagulation; [Initial Criteria - . Documentation of additional training and experience. Minimum of 4 cases. Renewal Criteria - Minimum 10 cases required in the past two years]	<input type="checkbox"/>
	Oculoplastic:	
<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; Removal/excision of neck lesions; harvest grafts temporal artery biopsy, Anterior Orbitotomy. [Initial Criteria - Fellowship training in Oculoplastic and/or documentation of appropriate training and experience. Minimum of 4 cases. Renewal Criteria - Minimum 10 cases required in the past two years.]	<input type="checkbox"/>
	Oncology:	
<input type="checkbox"/>	Placement of external radiotherapeutic source [Initial Criteria - Fellowship training Retinal or Oncology and/or documentation of appropriate training and experience. Minimum of 12 cases Renewal Criteria - Minimum 6 case required in the past two years.]	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of intraocular tumor [Initial Criteria - Fellowship training Retinal or Oncology and/or documentation of appropriate training and experience. Minimum of 12 cases. Renewal Criteria - Minimum 6 case required in the past two years.]	<input type="checkbox"/>
	Pathology	
<input type="checkbox"/>	Ophthalmic Pathology [CRITERIA - Initial - Eye Pathology Fellowship Minimum of 50 cases per year required. Renewal - Minimum 100 cases required during the past 2 years]	<input type="checkbox"/>

FPPE

- ☐ Penetrating keratoplasty (PRK)
- ☐ Vitreo-retinal surgery: scleral buckling, vitrectomy, intraocular gas injection
- ☐ Retinal laser e.g. Retinal laser photocoagulation
- ☐ Ophthalmic plastic and orbital surgery (Direct Observation)

- ☐ Placement of external radiotherapeutic source
- ☐ Treatment of intraocular tumor
- ☐ Ophthalmic Pathology

Refractive Surgery

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	LASIK	<input type="checkbox"/>
<input type="checkbox"/>	LASEK	<input type="checkbox"/>
<input type="checkbox"/>	PRK	<input type="checkbox"/>
<input type="checkbox"/>	Intacs	<input type="checkbox"/>
<input type="checkbox"/>	Phakic intraocular lenses (PIOL, ICL less than PRL, Artisan)	<input type="checkbox"/>
<input type="checkbox"/>	Femtosecond laser keratomileusis	<input type="checkbox"/>
<input type="checkbox"/>	Epikeratophakia	<input type="checkbox"/>
<input type="checkbox"/>	Phototherapeutic keratectomy (PTK)	<input type="checkbox"/>
<input type="checkbox"/>	Radial and/or astigmatic keratotomy (RK, AK)	<input type="checkbox"/>
<input type="checkbox"/>	Conductive keratoplasty (CK)	<input type="checkbox"/>
<input type="checkbox"/>	Laser thermo keratoplasty (LTK)	<input type="checkbox"/>
<input type="checkbox"/>	Epikeratome assistant LASEK and PRK	<input type="checkbox"/>

Qualifications

Initial Criteria

Must have appropriate training on equipment requesting privileges for. (e.g. Training and certification administered by the equipment manufacturer). Minimum of 10 cases for Refractive Surgery, or proctoring until 10 cases minimum met

Renewal Criteria

Minimum 6 cases required for Refractive Surgery privileges during the past 2 years, or proctoring until case minimum met

- ☐ LASIK
- ☐ LASEK
- ☐ PRK
- ☐ Intacs
- ☐ Phakic intraocular lenses (PIOL, ICL less than PRL, Artisan)
- ☐ Femtosecond laser keratomileusis
- ☐ Epikeratophakia
- ☐ Phototherapeutic keratectomy (PTK)
- ☐ Radial and/or astigmatic keratotomy (RK, AK)
- ☐ Conductive keratoplasty (CK)
- ☐ Laser thermo keratoplasty (LTK)
- ☐ Epikeratome assistant LASEK and PRK

Acknowledgment of Applicant

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 Children's Health. I also acknowledge that my professional

malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this
privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have
electronically signed, dated and approved this privilege request

Date