

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

Assist Only

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Assist Only	
	Assist Only - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above]	

Qualifications

Additional Information No Admitting Privileges Must have Primary surgeon in attendance for all procedures scheduled

Renewal Criteria Must maintain reappointment activity of 5+ per year

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	CORE Privileges	
	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	
	Use of local anesthetics for ophthalmologic conditions	
	Anterior segment surgery including cataract surgery, Insertion/removal of intra-ocular lens, iridectomy, etc.	
	Repair of globe and adnexal injuries	
	Eyelid surgery, Lacrimal disorders (probing), Removal and repair of facial skin lesions	
	Removal of eye (evisceration, enucleation)	
	Minor surgery such as pterygia, chalazia, biopsies, surgery on conjunctiva, etc.	
	Strabismus procedures	
	Lateral canthotomy	
	Glaucoma surgery including trabeculotomy, drainage device insertion	

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
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	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]	
	Cornea:	
	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.]	
	Retina:	
	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.]	
	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]	
	Oculoplastic:	
	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.]	
	Oncology:	
	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.]	
	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.]	
	Pathology	
	Ophthalmic Pathology [CRITERIA - Initial - Eye Pathology Fellowship Minimum of 50 cases per year required. Renewal - Minimum 100 cases required during the past 2 years]	

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

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

FPPE

- LASIK
- LASEK
- PRK
- Intacs
- Phakic intraocular lenses (PIOL, ICL less than PRL, Artisan)
- Femtosecond laser kertonileusis
- 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 _____