



Ophthalmology Optometry Grandview Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
Membership	I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.
Education/Training	Applicants must have graduated from an accredited school or college of optometry
Certification	Initial applicants must possess a valid license to practice optometry in the state of Ohio AND Obtain a current Therapeutic Pharmaceutical Agents certificate for use of diagnostic and therapeutic pharmaceutical agents AND Maintain current CPR certification
Clinical Experience	Document current experience and demonstrated competence in the area of privileges requested
Additional Qualifications	An appointment and clinical privileges as an Optometrist on the Medical Staff at Kettering Health Dayton/Kettering Health Washington Township is contingent upon maintaining a faculty appointment in the section of Ophthalmology.

Primary Privileges Ophthalmology Optometry

Description: The following are core privileges for the optometrists: Independently examine, diagnose, treat and manage uncomplicated ocular conditions, diseases and injuries. Consultation with an Ophthalmologist who is a Medical Staff member in the Section of Ophthalmology will be sought when appropriate.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	DIAGNOSTIC PROCEDURES- EXAMINATION OF OCULAR AND RELATED STRUCTURES		
	Applanation tonometry		
	Biomicroscopy		
	Fundus photography		
	Gonioscopy		
	Laboratory studies: Cytology, Cultures, sensitivities, etc.		
	Ophthalmoscopy - direct/indirect		
	Retinoscopy		
	Visual fields studies		
	THERAPEUTIC PROCEDURES INVOLVING THE APPLICATION OF LENSES OR ORTHOPTIC THERAPY FOR		
	Amblyopia		
	Anisophoria		
	Refractive error		
	Strabismus		
	Other binocular anomalies		
	THERAPEUTIC AND/OR COSMETIC APPLICATION OF CONTACT LENSES		
	Cross linked PM MA lenses		
	Extended wear lenses		
	Hydrophilic lenses		
	PMMA lenses		
	LOW VISION CARE		
	Microscopic systems		
	Modified low vision examination		
	Modified printed material		
	Telescopic systems		
	GENERAL DIAGNOSIC PROCEDURES		
	Contact lens related services		
	Comprehensive eye health and vision examination		
	Diagnostic testing for ocular surface infection		
	External ocular photography		
	Gonioscopy		
	Low vision related services		
	Noninvasive external diagnostic testing procedures		
	Non-medical treatment of ocular diseases		

	Pre and postoperative care of ophthalmic surgery patients - under the direction of a Staff Ophthalmologist		
	Utilization of topical ophthalmic diagnostic pharmaceutical agents (within scope of Ohio license)		
	Vision therapy/orthoptics related service		
	MEDICATION PRIVILEGES		
	Utilization of topical and oral ophthalmic therapeutic pharmaceutical agents (within scope of Ohio license)		
	MEDICAL TREATMENT OF OCULOR DISEASES		
	Epilation of cilia		
	Puncial dilation		
	Puncial occlusion - temporary (collagen, silicone plugs)		
	Removal of superficial non-perforating foreign bodies from cornea and conjunctiva		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date