LAC+USC MEDICAL CENTER ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF OPHTHALMOLOGY
OPTOMETRIST

NAME OF APPLICANT _____ **DATE**_____

☐ Initial Appointment and/or Additional Privileges ☐ Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other
	Follow department guidelines and standardized procedures, policies and protocols found in the Advance Practice Nursing Policy and Procedures Manual. **Core Privileges**: Basic privileges in Ophthalmology include: - Institute treatment essential for the life of the patient (e.g. BCLS), - Obtain a history, - Perform an ophthalmic examination, - Order diagnostic procedures, - Interpret diagnostic studies, - Perform and/or assist in the performance of diagnostic studies within the scope of specialty services, - Perform and/or assist in the performance of therapeutic procedures within the scope of specialty services, - Determine assessment and interval for follow up, - Conduct patient and family education, - Manage and provide consultations, - Document patient interactions, - Document care rendered in medical record, and for the following ages:			
	Children from 3 to 13 years of age			
	Adolescents and Adults, 14 years of age and older			

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other
	SPECIFIC PRIVILEGES - OPTOMETRY			
	1. Comprehensive eye health and vision exams			
	2. Evaluate and treat eye diseases and vision disorders			
	3. Treatment of vision disorders			
	4. Prescribe eyeglasses			
	5. Prescribe contact lenses			
	6. Prescribe low vision rehabilitation			
	7. Counseling, re: alternative therapies			
	8. Use diagnostic pharmaceutical agents to diagnose eye disease			

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice and 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 in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and attending staff. Privileges as granted will be practiced in accordance with department procedures.

_____ _____

Applicant's Signature Date

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

_____ _____ _____

Supervising Physician (print) (Signature) Date

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

Department Chair/Chief/Designee recommendation:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#:_____
Condition/Modification/Explanation:_____
_____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#:_____
Explanation for NOT recommending based on
COMPETENCY:_____
_____

If supplemental documentation provided, check here: ☐

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

_____ _____

SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE *DATE*

APPROVED BY INTERDISCIPLINARY PRACTICE COMMITTEE ON:	APPROVED BY EXECUTIVE COMMITTEE ON:
APPROVED BY GOVERNING BODY ON:	PERIOD ENDING: