ATRIUM HEALTHCARE

NorthEast

Independent Practitioner
Optometry
REAPPOINTMENT DELINEATION OF PRIVILEGES

Name: _____

Applicant: Check off the "Requested" box for each privilege requested. Applicants 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 any doubts related to qualifications for requested privileges.

Other Requirements: Note that privileges granted may be exercised only at the site(s) and/or settings(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

NOTE 1: Applicant must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at Carolinas HealthCare System NorthEast.
NOTE 2: "CORE" privileges cannot be amended or altered in any way.

QUALIFICATIONS

Initial privileges: To be eligible to apply for core privileges in Optometry, the applicant must meet the following criteria:

- Graduation from a recognized school of Optometry with an OD degree; state licensure in Optometry; and completion of a post-graduate residency in Optometry.

And

- Demonstration by reference from program director or ophthalmologist who has observed clinical competence through direct clinical observation.

Renewal of privileges: To be eligible to renew core privileges in Optometry, the applicant must meet the following criteria:

- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges: Optometry

☐ **Requested**

Privileges do not include admission but do include consultation. The core includes dilation of pupils with medication, refraction, diagnosis of ocular abnormalities, treatment of ocular abnormalities and diseases with medication (except

glaucoma), fitting, adjustment, and repair of contact lenses and glasses, use of topical antibiotics/analgesics, removal of embedded conjunctival/corneal foreign objects and ophthalmic photography. The optometrist may order appropriate

radiologic and laboratory evaluations of ocular related disorders. These privileges do not include any of the following non-core privileges.

Non-Core Privileges
Criteria: To be eligible to apply for a non-core privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and 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.

☐ **Requested -** Treatment of Glaucoma

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 Carolinas HealthCare System NorthEast 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.
(c) Adverse clinical privilege(s) actions are subject to the reporting requirements of the National Practitioner Data Bank and North Carolina Medical Board.

Signed_____ **Date** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ Recommend all requested privileges
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege	Condition/modification/explanation

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Signature, Department Chair _____ **Date**_____