

**ATRIUM HEALTH  
DELINEATION OF PRIVILEGES  
SPECIALTY OF OPHTHALMOLOGY**

	YES		NO**	I have participated in direct patient care within the past two (2) years.
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**\*\*If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

- Initial appointment**     **Reappointment**     **Updated DOP**     **Request for Clinical Privileges**

To be eligible for core privileges in Ophthalmology, the applicant must meet the following qualifications:

- If the applicant is not a Diplomate of the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology the applicant must provide:
1. Documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Ophthalmology;  
**AND**
  2. Documentation of the performance of at least seventy-five (75) ophthalmologic surgical procedures during the past two (2) years.
- If the applicant is currently a Diplomate of the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology the applicant must provide:
1. Provide documentation of specialty certification in Ophthalmology from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
  2. Documentation of the performance of at least seventy-five (75) ophthalmologic surgical procedures during the past two (2) years.

Print Name \_\_\_\_\_

**NOTE 1: “CORE” privileges cannot be amended or altered in any way.**

**NOTE 2: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.**

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>OPHTHALMOLOGY CORE PRIVILEGES</b>
			N/A							COPH-1	Privileges to evaluate, diagnose, consult, and provide surgical and nonsurgical care to patients of all ages except as specifically excluded from practice and except for those special procedures listed below to correct or treat illnesses, injuries, and disorders of the eye, including its related structures and visual pathways.

Note: Privileges include but are not limited to, nasolacrimal duct obstruction probing and irrigation; enucleation/evisceration; exploration and repair of penetrating/perforating injury of the globe; cataract removal/implantation of intraocular lens (including secondary IOL) surgery; vitrectomy surgery by the anterior approach; laser iridotomy; panretinal photocoagulation; and YAG Capsulotomy.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>CORE OPHTHALMOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u></b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	COPH-2	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

Print Name \_\_\_\_\_

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	<b>OPHTHALMOLOGY SPECIAL PRIVILEGES</b> Must apply for and maintain Ophthalmology Core Privileges (COPH-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							COPH-1(a)* Cosmetic and/or Reconstructive Eyelid Surgery	10		
			N/A							COPH-1(b)* Orbital Surgery	10		
			N/A							COPH-1(c)* Pterygium Surgery	10		
			N/A							COPH-1(d)* Strabismus Surgery	10		
			N/A							COPH-1(e)* Glaucoma / Filtration Surgery	10		
			N/A							COPH-1(f)* Minimally Invasive Glaucoma Surgery	10		
			N/A							COPH-1(g)* Vitreoretinal / Retinal Reattachment / Vitrectomy Surgery by the Posterior Approach	10		
			N/A							COPH-1(h)* Corneal Transplantation Surgery	10		
			N/A							COPH-1(i)* Dacryocystorhinostomy and/or Laser Punctalplasty	10		
			N/A							COPH-1(j)* Laser Trabeculoplasty and/or Laser Iridotomy	10		
			N/A							COPH-1(k)* Laser repair of the retina, including but not limited to laser retinopexy for retinal tears, obliteration of choroidal neovascularization, and/or focal photocoagulation of the macula	10		

**COPH-1(a) – COPH1-(k)**

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Ophthalmology within the past two (2) years and have written documentation from the Program Director demonstrating competency in the requested privilege(s); **OR**
1. Provide a minimum number of ten (10) cases, for each privilege requested, performed for each request privilege(s) within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges for each requested privilege(s). You must provide documentation of proctoring for ten (10) procedures for each requested privilege(s).

**Maintenance Criteria for Continued Privileges:**

The Physician must submit a minimum of five (5) procedures for each privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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**PRIVILEGES REQUESTED BY:**

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 Atrium Health 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**CASE LOG**

Physician's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. COPH-1(a))
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			<b>TOTAL</b>	