

PEDIATRIC OPHTHALMOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – Baptist 2 – Beaches 3 – Nassau 4 - St. Luke's 5 - St. Vincent's
6 – Shands Jax/SJ TCU 7 – Wolfson 8 – Brooks 9 – South

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	CORE PRIVILEGES	APPR
									Admission, assessment, diagnosis, and the performance of surgical procedures on pediatric patients presenting with illnesses, injuries and disorders of the eye, and related structures excluding those Special Procedures listed separately. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to ophthalmic problems.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	SPECIAL PROCEDURES	APPR
									Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
									Cyclophotocoagulation Therapy	
									Deep Sedation	
									Epikeratophakia [Hospital 7, 9 ⁺⁺]	
									Lamella Keratoplasty [Hospital 7, 9 ⁺⁺]	
									Laser Surgery CO2 [Hospital 7, 9 ⁺⁺]	
									Laser Surgery Nd YAG [Hospital 7, 9 ⁺⁺]	
									Laser Surgery Argon (Anterior Segment) [Hospital 7, 9 ⁺⁺]	
									Moderate Sedation/Analgesia [Hospital 7, 9 ⁺⁺]	
									Penetrating Keratoplasty [Hospital 7, 9 ⁺⁺]	
									Phacoemulsification [Hospital 7, 9 ⁺⁺]	
									Placement of External Radiotherapeutic Source	
									Radial/Astigmatic Keratotomy	
									Seton Implant (e.g. molteno) [Hospital 7, 9 ⁺⁺]	

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (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 each hospital's Medical Staff Bylaws.

Applicant Signature: _____ Date: _____

- If blacked out, this privilege is not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.