

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**

**Ophthalmology**

**Delineation of Privilege Form**

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Name: \_\_\_\_\_

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

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges</b>				
Admit and treat for ophthalmologic disease/disorders/conditions				
Consult on ophthalmologic diseases/ disorders/conditions				
Lid surgery; including plastic procedures, chalazion, ptosis, ectropion, repair of laceration, blepharospasm repair, tumors, and flaps				
Nasolacrimal duct surgery				
Conjunctiva surgery, including grafts, flaps, tumors, pterygium, pinguecula				
Cataract extraction with or without intraocular lens implant, excluding infants				
Corneal surgery; including diathermy, traumatic repair, keratotomy				
Anterior automated vitrectomy, limbal or open sky approach				
Strabismus surgery				
Neuro-ophthalmology (includes temporal artery biopsy)				
Trabeculectomy surgery, primary or combined				
Eucleation				
<b>Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency or other acceptable advanced training</b>				
Orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exteneration, blowouts, rim repairs, tumor removal				
Keratoplasty; lamellar, penetrating, DSEK etc.				
Refractive keratotomy				
Posterior vitrectomy, including management of tractional retinal detachment, proliferative vitreoretinopathy, endolaser, intraocular gas tamponade, and membrane dissection				
Retinal detachment repair, encircling bands, exoplants, intraocular gas tamponade				

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<b>Category II Privileges continued</b>				
Glaucoma surgery for pediatric glaucoma including trabeculotomy and goniotomy				
Pediatric cataract surgery with or without intraocular lens implant				
Botulinum injection for strabismus or blepharospasm				
Botulinum injection for cosmesis				
Laser Peripheral Iridotomy				
Laser Trabeculoplasty				
Laser Pupilo/Gonioplasty				
Laser Suture Lysis				
Laser Retinal Photocoagulation				
Laser Macular Photocoagulation				
Laser Capsulotomy, posterior				
Laser prophylaxis of retinal hole				

**Acknowledgment of Practitioner:**

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**