UNIVERSITY OF MARYLAND MEDICAL CENTER
Department of Ophthalmology

Delineation of Privilege Form

Name: ____ **Date:** ________________

Please check where privileges will be performed:

___ Ophthalmology Clinic ___ University of Maryland Medical Center (UMMC) ___ All Sites

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval** Initial if Yes Write Not Approved if No
Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. ***Approved per the Medical Staff Bylaws**	√*	Yes
Category I – Core Privileges: To be eligible for core privileges, applicants must have completed an ACGME approved Ophthalmology residency program and be Board Certified or a candidate for Board Certification.		
Outpatient/Ambulatory Services: Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: • General patient examination and care involving observation, assessment, planning, implementation and evaluation. • Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs. • Performs Preventative health care counseling and instructs patients and/or families on treatment plans. **Ambulatory Service locations are as follows:**		
Ophthalmology Clinic: Privileges include ambulatory core privileges as listed above in addition to: Gonioscopy, PRP Laser*, ALT Laser*, PI Laser*, SLT Laser*, YAG Cap*, Fluorenscein Angiography, Extended Ophthalmoscopy, Opthalmoscopy Ea Subsequent, Excise Conjuctival Lesion (>1cm), Incise drain cyst, Scrape Cornea, Drain Lid Abscess, Foreign Body Removal (conj, superficial, corneal, eyelid), Punctun Snip incision & dilation, Retrobulbar injection, Sub-Conjunctival Injection, Sub-Tendons Injection, Epilation with forceps & cautery, Suture Lid Laceration, Lateral Tarsorraphy, Ocular Ultrasonography (A & B Scans), Punctal Plugs, Occlusion of Punctum cautery		
UMMC Category I - Core Privileges:		
Core privileges include but are not limited to: basic eyelid surgery, non-adjustable muscle surgery, cataract extraction and IOL implantation, anterior vitrectomy, trabeculectomy without anti-fibrotic agents, enucleation/evisceration, excision of pterygium, and repair of cornea/scleral laceration**.**		
Category II: to be eligible for Category II privileges, applicants must have completed an ACGME approved Ophthalmology residency program, be Board Certified or be a candidate for Board Certification, and provide documentation as to course work and recent experience. **Category II privileges are as follows:**		
Chemodenervation of Extraocular Muscle		
Adjustable Suture Muscle Surgery		
Drainage of Choroidal Fluid		
Intravitreal Injection of Therapeutic Agent		
Implantation or Removal of Intravitreal Drug Delivery System		
Refractive Surgery		

*Must apply for laser privileges

Name: ______________________________ **Date:** ____________________

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval** **Initial if Yes** **Write Not Approved if No**
Category III: to be eligible for Category III privileges, applicants must have completed an ACGME approved Ophthalmology residency program, be Board Certified or Board Eligible, and completion of the appropriate fellowship. **Category III privileges are as follows:**		
Complex Eyelid Reconstruction		
Repair of Canalicular Laceration		
Orbital Tumor Biopsy/Excision		
Orbitotomy		
Repair of Orbital Fractures		
Dacryocystorhinostomy and Other Lacrimal Procedures		
Repair of Retinal Detachment or Tear with Cryotherapy, Pneumatic Retinopexy, Pars Plana vitrectomy, or Drainage of Subretinal Fluid		
Pars Plana Lensectomy		
Scleral Buckle		
Removal of Intraocular Foreign Body, Posterior Segment		
Retinectomy, Retinal Biopsy, or 360 Degree Retinotomy		
Laser Destruction of Proliferative Retinopathy *(See Category IV for Laser Privileges)*		
Laser/Destruction of Retinal or Choroidal Lesion with Binocular Indirect Ophthalmoscopy *(See Category IV for Laser Privileges)*		
Goniotomy/Trabeculotomy		
Penetrating Keratoplasty		
Lamellar Keratoplasty		
Keratectomy with or without Conjunctival Flap		
Ciliary Body Ablation		
Trabeculectomy with Anti-fibrotic Agents		
Seton Surgery for Glaucoma		
Pterygium Excision C or S		
MMC		
Vitreous Tap/Injection		
Corneal Biopsy		
Category IV: Special/Cross Disciplinary Procedures:		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). *(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria)*		
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon		
Nd-Yag		
Diode/Excimer		
Ultrasound Procedures (please list)		

______________________________ ____________________
Applicant's Signature Date

______________________________ ____________________
Bennie Jeng, MD, Department Chair Date

______________________________ ____________________
Applicant's Confirming Signature Date
(required if any requested privilege is not approved)

UNIVERSITY OF MARYLAND MEDICAL CENTER
APPLICATION FOR INITIAL PRIVILEGES FOR CLINICAL USE OF LASERS

NAME: ____

DEPT/DIVISION: ____

ADDRESS: ____

PHONE NUMBER: ______________________________ DATE: ____________________

For which type of laser are you applying for privileges?

Carbon Dioxide _____ **Argon** _____ **Nd-YAG** _____ **Other**________________________

Approximately how many cases have you done with the laser?

Carbon Dioxide _____ **Argon** _____ **Nd-YAG** _____ **Other**________________________

For what types of surgery do you use the laser? ____

____

Formal courses taken in laser surgery: Specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

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Training with lasers during residency and/or during practice: Where it occurred, who supervised you, number of cases done with supervision, dates.

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After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax it to 410-328-6433.

______________________________ ____________________
Applicant's Signature Date

______________________________ ____________________
Signature of Department/Division Chief Date

______________________________ ____________________
Approved by Credentials Committee Member Date

UNIVERSITY OF MARYLAND MEDICAL CENTER
APPLICATION FOR RECERTIFICATION FOR CLINICAL USE OF LASERS

NAME: ____

DEPT/DIVISION: ____

ADDRESS: ____

PHONE NUMBER: ______________________ DATE: ______________

Current privileges are for the following lasers:

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other________________________

Please list the type of laser and procedures for which you are requesting continued privileges. (Use additional pages if needed for the following information.)

TYPE OF LASER	PROCEDURES

List the laser cases which you have done in the past two years:

TYPE OF LASER	PROCEDURE	NUMBER DONE	NUMBER AND TYPE OF COMPLICATIONS, IF ANY

Since your original certification, have you had any further formal courses in laser surgery? If so, specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

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After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax to 410-328-6433.

______________________________ ______________
Applicant's Signature Date

______________________________ ______________
Signature of Department/Division Chief Date

______________________________ ______________
Approved by Credentials Committee Member Date