
Applicant Name

St. Elizabeth Healthcare
Ophthalmology

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in ophthalmology

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in ophthalmology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

Privileges Requested

I. Core Privileges: Core privileges in ophthalmology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

Request

Description of Privilege

_____	Admit patients, perform histories and physicals and perform evaluation, diagnoses, treatment, provide consultation, order diagnostic studies and procedures, and perform surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, the eyelid and orbit affecting the eye, including its related structures and visual pathways, including cataract extraction; lens implantation; capsulotomy; iridotomy/iridectomy; anterior vitrectomy; glaucoma procedures; conjunctival procedures; corneal procedures; corneal/scleral laceration repair; intraocular foreign body removal; cyclodestructive procedures; extraocular muscle procedures; eyelid procedures; lacrimal procedures; enucleation; evisceration..
_____	Moderate Sedation (requires proof of (a) board certification in

Anesthesiology, Cardiology, Critical Care, Pulmonology or
 Emergency Medicine *or* (b) current ACLS Certification *or* (c)
 satisfactory completion of the ASA Moderate Sedation course

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all “Additional Requirements” listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

<u>Request</u>	<u>Description of Privilege</u>	<u>Additional Requirements</u>
_____	Keratoplasty	
_____	Posterior vitrectomy	Retina fellowship required.
_____	Orbital procedures	Oculoplastics fellowship required.
_____	Corneal transplants	
_____	Retina surgery	Retina fellowship required.

 Applicant Signature

 Date

 Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: