

**SAN GORGONIO MEMORIAL HOSPITAL  
PRIVILEGE DELINEATION LIST  
OPHTHALMOLOGY**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

YEAR OF BOARD CERTIFICATION/RECERTIFICATION \_\_\_\_\_

PRIVILEGES CATEGORY	QUALIFICATIONS/CRITERIA
<b>CATEGORY I</b>	<b>USUAL AND CUSTOMARY PRIVILEGES</b> (Procedures considered included in minimal formal training.)
	<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. Successful completion of an accredited Ophthalmology residency training program, AND,</li> <li>2. Board qualified/certified by the American Board of Ophthalmology with specific training and recent experience in privileges requested, OR, (in lieu of Board Certification)</li> <li>3. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity/operative reports or other documentation acceptable to the Surgical Service, AND have been practicing in Ophthalmology for the past 5 years.</li> <li>4. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>
<b>CATEGORY 2</b>	<b>ADVANCED PRIVILEGES</b> (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists)
	<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. Board qualified/certified by American Board of Ophthalmology AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes.</li> <li>2. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>
<b>MODERATE SEDATION</b>	<b>I.V. MEDICATIONS FOR SPECIAL PROCEDURES</b> (All medications with potential loss of protective reflexes regardless of route of administration)
	<p><b>QUALIFICATIONS:</b></p> <p>Physicians with Ophthalmology privileges, by virtue of their specialty training are qualified for Moderate Sedation privileges as requested below, but must continue to demonstrate current competency as outlined in the Medical Staff Rules and Regulations.</p>

CATEGORY 2 (Description)	ADVANCED PROCEDURES	REQUESTED	GRANTED
_____	_____	_____	_____

STAFF CATEGORY REQUESTED:  ACTIVE  COURTESY  CONSULTING

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVALS:**

**Applicant may perform privileges and procedures as indicated: [ ]**

**Exceptions/Limitations:** \_\_\_\_\_

I have reviewed the applicant's health status and can attest that there are no health problems that exists that could affect his or her ability to perform the privileges requested.

\_\_\_\_\_  
Chairman, Surgical Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Board of Directors

\_\_\_\_\_  
Date