

OPTOMETRIC PRIVILEGES REQUEST FORM

INTRODUCTION

The Optometrist clinical privilege application must be accompanied, or preceded, by a completed application for medical staff appointment, including the necessary supporting documents. The most common privileges practiced by optometrists will be found in this document, but many may still have to be added by the applicant. This can be done by "writing in" additional privileges on the bottom of the page.

INSTRUCTIONS FOR COMPLETING THE FORM

Applicant: With a check mark in the appropriate location, indicate for each item if privileges are requested. Be sure to sign the request as indicated on page 4.

Discipline-specific supervisor or area optometry consultant: Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location. This recommendation is considered by the privilege granting authority. Be sure to sign the request as indicated on page 4. Recommended limitations or denial of privileges must be explained in detail on an attached sheet.

Note: Any patient admitted to an IHS hospital for ocular procedures must have an admission history and physical exam conducted by a physician member of that hospital's medical staff. Any non-ocular medical problem(s) present on admission, and any which occur during the hospital stay, must be evaluated and managed by a physician member of that hospital's medical staff.

CREDENTIALS AS EVIDENCE OF COMPETENCY

I. CLASS I OPTOMETRIC PRIVILEGES

A. Education

A degree of doctor of optometry is required from one of the schools or colleges of optometry listed as accredited by the Council on Optometric Education of the American Optometric Association (COEAOA).

B. Licensure

A full and unrestricted license is required to practice optometry in a State, a Territory, or the District of Columbia, if hired as a civil servant. A commissioned officer of the U.S. Public Health Service (USPHS) must meet the USPHS optometry appointment standards.

II. CLASS II OPTOMETRIC PRIVILEGES

An optometrist is eligible for additional clinical privileges, if the following credentials are provided:

- a. A license to practice optometry and a State certification to use therapeutic pharmaceutical agents.
- b. If (a) is not satisfied, evidence of one or more of the following is required:
 1. Training or experience such that the optometrist now holds IHS privileges or equivalent, consistent with appropriate portions of Class II privileges, and these privileges *have been held* and regularly reviewed over the *prior two* or more years.
 2. Successful completion of at least 1 year of postgraduate training in a fellowship or primary care residency program accredited by the COEAOA.
 3. Diplomate of the American Academy of Optometry in ocular disease in primary care.
 4. Successful completion of a minimum 106-hour course in the management of ocular diseases and/or conditions as certified by an accredited optometric educational institution.
 5. A passing score on a national certifying examination in the treatment and management of ocular diseases and/or conditions.

OPTOMETRY PRIVILEGES REQUEST FORM

I. CLASS I OPTOMETRIC PRIVILEGES

	Applicant Requests		Supervisor/ Consultant Recommends*		
	Ltd.	Full	N.R.	Ltd.	Full
A. General optometric examination, diagnosis and optical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Medical laboratory studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ocular imaging studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Photo documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Diagnostic pharmaceutical agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Extended posterior segment evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Visual fields testing/evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Low-vision management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Contact lens management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Oculomotor/perceptual/papillary problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Non-invasive management of lid conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Non-invasive care of external eye injuries/burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Epilation of lashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Conjunctivitis therapy with topical medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Lacrimal function evaluation (non-invasive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Corneal abrasion care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Nonperforating foreign substance removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Management of keratitis-sicca and other epithelial keratitis (non microbial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Gonioscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. OTC oral medications for ocular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Emergency treatment of life/sight threatening condition prior to referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*This person is always an optometrist.

II. CLASS II OPTOMETRIC PRIVILEGES

The necessary pharmaceutical agents are approved to complete the indicated diagnostic/non-invasive therapeutic procedures for the following:

	Applicant Requests		Supervisor/ Consultant Recommends*		
	Ltd.	Full	N.R.	Ltd.	Full
A. Ultrasound measurement/evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Punctum dilation/plugs/irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Anterior uveitis care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Medical hyphema management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Requests Ltd. Full		Supervisor/ Consultant Recommends* N.R. Ltd. Full		

- E. Open angle glaucoma**
- F. Acute glaucoma**
- G. Lids and periorbital skin conditions**
- H. Keratitis**
- I. Episcleritis**
- J. Post-surgical eye care**
- K. Other (specify): _____**

*This person is always an optometrist.

