

LIST OF CLINICAL PRIVILEGES – OPTOMETRY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

I Scope		Requested	Verified
P383291	The scope of privileges in optometry includes the evaluation, diagnosis, treatment, and consultation for disorders, diseases, and injuries of the eye, associated structures and the visual system through a variety of tests and measurements. They identify systemic conditions affecting the eyes and vision and refer patients to other providers as indicated. Optometrists provide pre- and post-operative assessments. Optometrists use topical diagnostic and therapeutic medications, fit and prescribe eyeglasses and contact lenses, and co-manage conditions that affect the ocular health and vision of their patients.		
Diagnosis and Management (D&M)		Requested	Verified
P383296	Developmental and perceptual vision screening		
P383298	Interpretation of fluorescein angiography		
P383300	Traumatic Brain Injury (TBI) vision / neurosensory visual evaluation and management		
P383302	Low vision evaluation and prescription of low-vision devices		
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
Procedures		Requested	Verified
P383304	Specialty contact lens fitting including scleral lenses		
P383306	Dilation, probing and irrigation of lacrimal punctum, canaliculi, and sac		
P383308	Ophthalmodynamometry		
P419152	Multiple punctures of anterior cornea		
P419153	Correction of trichiasis (epilation by forceps only)		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P383310	Chalazion incision and drainage		
P383312	Intralesional steroid injection of chalazion		
P383314	Retinal electrophysiologic studies		
P383318	Periocular skin excision/biopsy		
P388689	Visual evoked potentials testing and interpretation		

LIST OF CLINICAL PRIVILEGES – OPTOMETRY (CONTINUED)

II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE