



**Optometrist  
Delineation of Privileges**

**Name:** \_\_\_\_\_  
(Please print)

- \_\_\_\_\_ Initial privileges (initial appointment)
- \_\_\_\_\_ Renewal of privileges (*reappointment, on 2-year specialty cycles*)
- \_\_\_\_\_ Modification of privileges (*request for any additional privileges beyond those previously granted*)

**Basic Education: Bachelor’s Degree and Doctor of Optometry (OD)**

**Minimal formal training:** Successful completion of an ACOE accredited professional optometric degree program leading to doctor of optometry (OD). A valid Tennessee state license to practice optometry and appropriate certification by the state board of optometry.

**Required current experience:** Applicants must be able to demonstrate that they have successfully provided inpatient, outpatient, or consultative optometry services to at least 25 patients of all applicable age groups in the past 12 months, or successful completion of an ACOE accredited residency or clinical fellowship within the past 12 months.

Current BLS certification required.

<b>Facility (Check ALL that are applicable to your request)</b>				
Baroness*	Children’s**	North	East	Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

\*\*Includes Children’s Hospital Inpatient, Children’s Ambulatory clinics, Children’s OR and Kennedy Children’s Outpatient Center

**Core Privileges:** Core privileges in optometry include but are not limited to the following

- Ability to perform primary eye care examinations, including refraction
- Accurate diagnosis of vision problems and eye diseases
- Tests of patients’ visual acuity, depth and color perception, and ability to focus and coordinate their eyes
- Ability to analyze test results and develop a treatment plan
- Pre- and postoperative care of cataract patients as well as those who have had laser vision correction or other eye surgery
- Provision of emergency eye care services
- Diagnosis of conditions due to systemic diseases such as diabetes and high blood pressure, and referrals to other health practitioners as needed

- Administration of drugs for diagnostic and therapeutic purposes

Order diagnostic imaging (MRI/CT/X-ray) and laboratory bloodwork

**Special Non-Core Privileges:**

For each special request, threshold criteria (e.g., additional training or completion of a recognized course and required experience) must be established. Special requests for optometry include but are not limited to the following procedure(s) if they were not a part of the applicant’s optometry training program.

<i>Procedure</i>	<i>Baroness</i>	<i>Children’s</i>	<i>North</i>	<i>East</i>	<i>Bledsoe/Sequatchie</i>
Sensory motor evaluation					
Vision therapy/orthoptics					
Eikonometry					
Ocular photography					
Electrodiagnosis					
Ultrasonography					
Scanning laser polarimetry					
Corneal Foreign Body Removal					

**Request for Privilege Not Listed in Core or Special Non-Core** *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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**Department Chief Recommendation:**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)
- Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Signature

\_\_\_\_\_  
Date