

**CREDENTIALING AND RE-PRIVILEGING COMMITTEE
(CRC) APPLICATION FORM**

SURGERY - OPHTHALMOLOGY

PHYSICIAN'S NAME: _____

DEPARTMENT: **SURGERY**

DIVISION (IF ANY): **OPHTHALMIC SURGERY**

SPECIALTY (IF ANY): **OPHTHALMIC SURGERY**

DATE APPLIED: _____

NOTE: At the time of a life-threatening clinical emergency, any practitioner may render whatever care he/she believes to be indicated regardless of the extent of his/her granted privileges, if expertise not available.

THE FOLLOWING LIST OF PROCEDURES IS GRANTED BY THE CRC COMMITTEE AS PART OF YOUR DUTIES AS MEMBER OF THE MEDICAL STAFF OF TAWAM HOSPITAL.

Note: (DO NOT MARK AN "X" IN MORE THAN ONE COLUMN FOR EACH PROCEDURE INDICATED)

PROCEDURES	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
MINOR SURGERY				
Removal of foreign body from surface of eyeball				
Dilation of lacrimal duct				
Chalazion operation				
Tarsorrhaphy				
MAJOR SURGERY				
Removal of foreign body from interior of eye Magnet (not vitrectomy-posterior)				
Enucleation of eyeball				
Plastic repair of eyelid				
Operation on lacrimal system. DCR, tubing				
Retinal surgery. [Conventional buckling procedures]				
Photocoagulation treatment				
Eye muscle surgery				
Orbital surgery (anterior) 1				
Pterygium				
Vitreous surgery (anterior)				
Intraocular lens implantation				
Evisceration of the eyeball				
Glaucoma surgery [including pediatric]				
Cataract Surgery [ECCE, Phaco] including pediatric				
Conjunctival Scopy				
Corneal Surgery				
1) Orbital Surgery:				
Dacrycystorhinostomy				
Excenteration				
Subperiosteal abscess				



Please attach to this form the following document/s:
 Evidence of level of training & expertise attained to carry out the requested procedures.

ADDITIONAL CLINICAL PRIVILEGES (Special Procedures)
(type detailed description) USE SEPARATE SHEET OF PAPER IF REQUIRED & ATTACH TO THIS SHEET

IF AT ANY STAGE YOU WISH TO PERFORM ANY SURGICAL OR THERAPEUTIC PROCEDURE WHICH IS NOT LISTED IN THIS APPLICATION, YOU MUST REFER IT TO THE CREDENTIALS & APPOINTMENT COMMITTEE

SIGNATURES

MEDICAL STAFF NAME : _____ DATE : _____

 SIGNATURE

HEAD, DIVISION (IF ANY) _____ DATE : _____

 SIGNATURE

HEAD, DEPARTMENT : _____ DATE ; _____

 SIGNATURE

CHAIRMAN : _____ DATE : _____
 CREDENTIALS & APPOINTMENT
 COMMITTEE _____
 SIGNATURE

MEDICAL DIRECTOR : _____ DATE : _____

 SIGNATURE

HOSPITAL DIRECTOR/CEO : _____ DATE : _____

 SIGNATURE