



University of Michigan  
Hospitals and Health Centers

## UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

### Delineation of Privileges Department of Ophthalmology/Optometrists

Name: \_\_\_\_\_  
Please Print or Type

#### LEVEL I CORE PRIVILEGES

**Minimum Training and Experience:** Must be a graduate of a School or College of Optometry that is recognized and accredited by the Accreditation Council on Optometric Education (ACOE). Applicants must hold a degree of Doctor of Optometry. He/she shall be licensed in the State of Michigan and must be eligible for membership in the American Optometric Association and its State and local affiliates. The applicant shall have met the requirements stipulated by the State Board of Optometry of Michigan to be certified to use such topically administered diagnostic pharmaceutical agents and topically and orally administered therapeutic pharmaceutical agents as approved under State law. All Optometrist members must demonstrate continued licensure and satisfaction of the continuing education guidelines as outlined by the State of Michigan licensing requirements.

#### Scope of Practice/Privileges

**Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.**

Provides optometry services including examination of the human eye to determine the presence of defects or abnormal conditions which may be remedied, corrected, or relieved by the use of lenses, prisms, contact lenses, or topical or oral medications as provided for in State statute. The performance and supervision of examinations and diagnostic procedures granted by State licensure.

Optometrist scope of practice does not include hospital admitting privileges.

Optometrists are under the direction of the Department of Ophthalmology and Visual Sciences (OVS) and the scope of these privileges can be reduced, but not expanded by the Chair of OVS. Should the need for medical expertise be required during the care of patients by optometrists, the patient will be referred to an OVS physician.

►  Requested (Applicant)       Recommended approval (Service Chief/Chair)

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#### TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT ACTION:**

**Approval:**

\_\_\_\_\_ As Requested \_\_\_\_\_ As Modified (please explain) \_\_\_\_\_

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Service Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDENTIALS COMMITTEE ACTION:**

\_\_\_\_\_ Approval as Requested \_\_\_\_\_ Not Approved (please explain) \_\_\_\_\_

Credentials Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

**EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:**

\_\_\_\_\_ Approval as Requested \_\_\_\_\_ Not Approved (please explain) \_\_\_\_\_

Executive Committee On Clinical Affairs - Member: \_\_\_\_\_ Date: \_\_\_\_\_