

Loma Linda University Medical Center
Allied Health Professional
Optometrist Job Description

Practitioner Name: _____

Practice Specialty Requested: _____ License # _____

Supervising Physician Name: _____ Specialty _____

REQUESTED		PRACTICE PRIVILEGE REQUESTED	ACTION		
YES	NO		Approved	Conditions	Defer
		Visual field testing to determine the extent of peripheral vision defects			
		Sensory motor evaluations to determine the presence of strabismus as well as prognosis for treatment			
		Limited trial frame refractions			
		Visually evoked potentials (VEP) and electroretinogram (REG) testing to evaluate the extent of neurological damage to the visual pathways			
		Consult with the occupational therapy staff making recommendations for appropriate therapy including working with field defects, suing prism for correction, enhancement, therapy applications.			
		Provide inservice training for therapy staff in managing visual field defects, oculomotor defects, and oculo-vestibular defects.			

Acknowledgment of AHP

In accordance with the provisions of Section 3055 of the Business and Professions Code, I am licensed as an Optometrist in the State of California and subject to the rules and regulations of the California State Board of Optometry. I acknowledge that I have received a copy of the Medical Staff Bylaws and Rules and Regulations, and agree to be bound by the terms of the Bylaws of the Medical Staff and of the hospital and all other manuals and policies relevant to practice privileges at Loma Linda University Medical Center under the AHP category.

I have requested only those specific practice privileges for which by education, training, current experience and demonstrated performance for which I am qualified and wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical practice privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical practice privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Applicant Signature

Date

Supervising Physician Signature

Date

Service Chief Signature

Date

Credentials Committee Chair

Date

Medical Staff Executive Committee Chair

Date

Governing Board Officer/Designee

Date