



## DIAGNOSTIC ACCREDITATION PROGRAM

College of Physicians and Surgeons of British Columbia

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# Accreditation Agreement

The facility shall agree to the following:

- a. Continually comply with all Diagnostic Accreditation Program (DAP) accreditation requirements for accreditation for all the areas where accreditation is sought or granted, including all changes to requirements;
- b. Allow DAP to conduct accreditation assessments in response to a facility's initial application, and thereafter as deemed necessary by DAP including assessments resulting from any non-conformity or suspension, and for assessments prior to the expiry of existing accreditation certificates;
- c. Submit to evaluation, any and all related activities as determined by DAP, including DAP's right to carry out unannounced assessment;
- d. Not withhold or prevent the DAP's right of access to confidential information, to facility personnel, locations, equipment, information, documents and records produced by the facility, and that are considered necessary to verify fulfilment of requirements for accreditation, and maintenance of the accreditation;
- e. Cooperate as is necessary to enable the DAP to verify fulfilment of requirements of accreditation;
- f. Claim accreditation only with respect to the scope for which it has been granted accreditation;
- g. Inform DAP without delay about changes in any aspect of its status or operation relating to: ownership or organizational status; organization, medical director and key personnel; main policies; resources and physical location; also other matters that may affect its ability to fulfil requirements for accreditation;
- h. Inform DAP without delay of any condition or incident that could affect compliance or scope of the accreditation requirements;
- i. Uphold the integrity of the accreditation award and not use its accreditation in such a manner as to compromise the reputation of the DAP;
- j. Assist in the investigation and resolution of any accreditation-related complaints about the facility referred to it by the DAP.

Facility name: \_\_\_\_\_

Service: \_\_\_\_\_  
(e.g. diagnostic imaging, laboratory, neurodiagnostics, polysomnography, pulmonary function)

Medical director of diagnostic service: \_\_\_\_\_

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