COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

DIAGNOSTIC ACCREDITATION PROGRAM

T 604-733-7758
TF 1-800-461-3008
F 604-733-3503

300–669 Howe Street
Vancouver BC V6C 0B4
Canada

cpsbc.ca

Checklist for Appointment to an Independent Diagnostic Facility

APPLICANT INFORMATION

Full name: _____ CPSID: _____

Facility name: _____ DAP ID: _____

SUPPORTING DOCUMENTS CHECKLIST

1. Application to the Medical Director for Appointment at an Independent Diagnostic Facility form signed by applicant and medical director	☐	
2. Appropriate procedures list signed by applicant with procedures selected (number of procedures provided when requested) **Note:** Submit a copy to the DAP	☐	
3. Certificate of professional conduct from relevant college (valid within 90 days of application)	☐	
4. Hospital letter (for physicians with BC health authority privileges) signed within 90 days	☐	N/A ☐
5. Curriculum vitae (for physicians without health authority privileges, dentists, and podiatrists)	☐	N/A ☐
6. Two references signed by the referee within 90 days	☐	
7. Applicant interview with medical director Interview to include discussion of application, procedures requested, BCMQI dictionary review, and current experience in practice	☐	
Date:		
8. Notification of New Medical Staff Appointment form **Note:** Submit a copy to the DAP	☐	

Note: This checklist is used to assist the independent diagnostic facility in ensuring that all required supporting documentation is submitted by the medical staff to the medical director for their review during the application for appointment process. All of the above documentation will be reviewed and audited during the facility's accreditation assessment. Please ensure that these records are maintained in the individual's human resources file.