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

Provisional Accreditation Application

DAP MEDICAL IMAGING

FACILITY INFORMATION

Facility/hospital/health centre name: _____

Health authority (if applicable): _____

Address: _____

City: _____ Postal code: _____

Projected date of facility opening or discipline starting: _____

BUSINESS CONTACT INFORMATION

Applicant name: _____

Title: _____

Phone number: _____ Unique email: _____

MEDICAL DIRECTOR

Name: _____

Phone number: _____ Unique email: _____

Licensure status: _____

Education:

☐ Attached separately

Qualifications and experience:

☐ Attached separately

FACILITY OWNERS (IF INDEPENDENT)

Name	Percent/share

Other comments (if applicable):

OTHER LOCATIONS CURRENTLY ACCREDITED (INDEPENDENT FACILITIES ONLY)

☐ Not applicable

Facility name	Address

SCOPE OF TESTING/EXAMINATIONS

☐ The medical imaging scope of services form has been completed and is attached to this application.

FLOOR PLAN

☐ A facility floor plan which clearly indicates the intended use of all rooms is attached to this application.

EQUIPMENT

◯ A list of all equipment to be deployed in the facility is attached to this application.

◯ Medical imaging equipment has not yet been purchased. The applicant recognizes that this must be provided to demonstrate assessment preparedness.

This list should include the following:

- equipment designator
- modality
- location/room number
- serial number
- manufacturer name
- model name
- manufacturer year

Note: Individual detector, transducer or tube information is not required.

INFORMATIC SYSTEMS

◯ Appropriate electronic systems have been deployed to the facility which meet the medical imaging informatics accreditation standards.

◯ Appropriate electronic systems have not been deployed to the facility which meet the medical imaging informatics accreditation standards. The applicant recognizes that this must be provided to demonstrate assessment preparedness.

Details of the electronic systems to meet the above requirements:

ADDITIONAL INFORMATION

Other information you wish to add:

Email completed form to dap@cpsbc.ca.

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