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

Appropriate Procedures List
COMMUNITY SPIROMETRY

Physician name: _____ CPSID: _____

Independent diagnostic facility applying to: _____

Procedures must only be performed in an accredited diagnostic facility.

Please indicate only the procedures you wish to perform at the above-mentioned facility.

- ☐ Spirometry
- ☐ Flow volume loops

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____

The College of Physicians and Surgeons of BC (CPSBC) collects, uses, discloses, stores, and retains personal information under the legal authority of the *Freedom of Information and Protection of Privacy Act* (*FIPPA*), RSBC 1996, c.165 and the CPSBC Bylaws made under the *Health Professions and Occupations Act* (*HPOA*), SBC 2022, c.43.

The personal information collected on this form is permitted under sections 26(c) and (e) of *FIPPA* for the purpose of managing your accreditation.

If you have any questions or concerns about CPSBC privacy practices, please email privacy@cpsbc.ca.