COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List

ANESTHESIA

Physician name: _____ CPSID: _____

Facility applying to: _____

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

For surgical procedures:

- ☐ General anesthesia
- ☐ IV sedation
- ☐ Local anesthetic
- ☐ Major regional block
- ☐ Nerve block
- ☐ Peripheral nerve block – up to multiple
- ☐ Spinal
- ☐ Steroid injections
- ☐ Topical

For the treatment of chronic pain:*

- ☐ Intravenous ketamine infusion
- ☐ Intravenous lidocaine infusion

For the treatment of mood disorders:*

- ☐ Intravenous ketamine infusion

***Facility must be specifically accredited for these procedures.**

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

Physician signature: _____ Date: _____

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