COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES 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
GASTROENTEROLOGY

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility. Provide the number of procedures performed in the last three years for each procedure requested to ensure current experience requirements are met as per the BCMQI dictionary.

- ☐ Flexible colonoscopy – diagnostic/procedural — Number in last three years: _____
- ☐ Flexible sigmoidoscopy – diagnostic/procedural — Number in last three years: _____
- ☐ Gastroscopy – diagnostic +/- biopsy — Number in last three years: _____
- ☐ IV procedural sedation*

*Physicians providing IV procedural sedation without an anesthesiologist present must submit current ACLS certification.

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

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