COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List

SURGICAL UTERINE EVACUATION

Physician name: _____ CPSID: _____

Facility applying to: _____

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

- ☐ Surgical uterine evacuation up to 13 weeks + 6 days. Includes procedures for:
  - ☐ Abortion
  - ☐ Management of miscarriage
  - ☐ Non-viable pregnancy
  - ☐ Retained products of conception
- ☐ Surgical uterine evacuation 14 weeks up to 17 weeks + 6 days. Includes procedures for:
  - ☐ Abortion
  - ☐ Non-viable pregnancy

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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