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
VASCULAR

Physician name: _____ CPSID: _____

Facility applying to: _____

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

- ☐ Fasciotomy – chronic compartment syndrome
- ☐ Venous ligation and strippings
- ☐ Stripping saphenous – long and short
- ☐ Non thermal endovenous closure (e.g VenaSeal™)
- ☐ Non thermal endovenous ablation (e.g. ClariVein™)
- ☐ Endovenous radiofrequency treatment (EVRF) (e.g. ClosureFast™)
- ☐ Endovenous laser therapy (EVLT)
- ☐ Venous access port – implantable – revision/removal reinsertion

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.