

SCHEDULE A

PROPOSED FACILITY INFORMATION

Facility name: _____

Address: _____

City: _____ Province/state: _____

Postal code/zip code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

What areas of surgery/medicine will the facility support?

- | | | | |
|--------------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Plastic | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Neuro | <input type="checkbox"/> Radiology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Urology | |
| <input type="checkbox"/> GI | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Vascular | |

What level of anesthesia will the facility support?

- General – I Local and IV sedation – II Local or topical – III

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ Province/state: _____

Postal code/zip code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Thank you for your application. College staff will contact you to discuss this application and the application process. Please ensure that the following are completed and submitted along with this form:

- | | |
|---|--|
| <input type="checkbox"/> Ownership of Facility | <input type="checkbox"/> Notification of Appointment of Medical Director |
| <input type="checkbox"/> Application for Approval/Change of Facility Name | <input type="checkbox"/> Application fee (C\$3,000) |

The information in this form is collected under the authority of part 5, section A of the Bylaws under the Health Professions Act, R.S.B.C. 1996, c.183. The information provided will be used to process your application for approval of a new facility. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver, BC, V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll free in BC).

COLLEGE USE ONLY

NHID: _____

Date received: _____

Survey date: _____

Decision communicated to facility: _____

- Denied
- Partial approval
- Full approval