



There will be new, replacement, or additional diagnostic equipment to be installed.

Complete the following table for each diagnostic equipment.

	Description of equipment	Make	Model/serial number	Year manufactured	Equipment to be replaced (if applicable)

There will be a change in leadership (technical, medical, administrative).

Note: If there is a change in medical director, submit a completed [Accreditation Agreement](#).

Name: \_\_\_\_\_

Title (e.g. medical director, site coordinator): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address (if different from facility address): \_\_\_\_\_

Name of individual being replaced (if applicable): \_\_\_\_\_

There will be a change in interpreting physicians and/or location of interpreting physicians.

Name: \_\_\_\_\_

CPSID: \_\_\_\_\_ Location: \_\_\_\_\_

There will be a change in the technical staffing model.

For example, outsourcing versus in-house scoring for test data.

Explain:

Other

Please submit a letter detailing the change and the effective date of change.

**SUBMISSION**

Return the completed form by email to [tdap@cpsbc.ca](mailto:tdap@cpsbc.ca). Upon receipt, the DAP will review and provide a written response.

The information in this form is collected under the authority of part 5, section B of the Bylaws under the *Professional Professions Act*, RSBC 1996, c.183. 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).

