

There will be a withdrawal of service.

For example, microbiology, chemistry, hematology, etc.

Please submit a letter signed by the medical director stating the service being withdrawn and the effective date of that service withdrawal.

There will be a pause in service.

For example, a facility is unable to offer a service it has been accredited for (e.g. temporary closure of a sample collection facility, a temporary closure of an entire discipline/modality such as microbiology, chemistry, hematology, etc.)

Please submit a letter detailing the reason for a pause in service, the start date of pause in service, and date of resumption of service (if possible).

Other

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

SUBMISSION

Return the completed form by email to dap@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 *Health 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).