POLYSOMNOGRAPHY

This form is to be completed and submitted to the DAP by an existing accredited facility that is preparing for a significant change in service related to: physical location, equipment, scope of testing, leadership, interpreting physicians and staffing model.

Note: The notification of significant change form must be submitted prior to the change commencing. If the change is related to physical location, equipment or scope of testing, patient testing must not commence until the scope of accreditation is confirmed.

If the change affects multiple facilities, a separate form must be submitted for each. Alternatively, a letter detailing the significant change, as per the form, may be submitted on behalf of multiple facilities.

Complete PDF form electronically. Do not print and scan.

FACILITY INFORMATION

Date of submission: _____

Facility/hospital/health centre name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Medical director (incumbent): _____

Phone: _____ Email: _____

Facility manager (incumbent): _____

Phone: _____ Email: _____

Facility contact (if different from facility manager): _____

Phone: _____ Email: _____

☐ The submitter has ensured that the information in this form has been reviewed by the facility medical director.

SIGNIFICANT CHANGE

Effective date of change: _____

☐ There will be a change in the physical location of the service (relocation/extensive renovations).

Include where the service(s) is being relocated and if the relocation is temporary or permanent.

Explain:

☐ There will be a change in the technical staffing model.

For example, contracted third-party technical staff, non-certified staff, etc.

Explain:

☐ Other

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

SUBMISSION

Return the completed form by email to polysomnography@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).

FOR DAP USE ONLY

- ☐ No further action required by facility
- ☐ Relocation assessment
- ☐ Focused assessment – desktop audit
- ☐ Focused assessment – on-site assessment
- ☐ Initial assessment

  Test: _____

- ☐ Withdrawal of accreditation (voluntary)

  Test: _____

- ☐ Additional information required:

- ☐ Other:

Action plan development participants: _____

Date of decision: _____