College of Physicians & Surgeons of Alberta

Non-Hospital Surgical Facility
New Facility Application

SECTION 1 - GENERAL FACILITY INFORMATION

Facility Name	
Owner(s)	
Address	
Phone	
Fax	
Email	

Hours of Operation:

What are the routine days and hours of operation?	

SECTION 2 – PERSONNEL

Contact Information for Medical Director

Name		Registration #
Qualifications		
Address for correspondence		
Phone		
E-mail		

Physicians with Privileges:

Note: An "*Application for Privileges in an Non-Hospital Surgical Facility*" must be included with this application for each physician performing procedures in this facility.

Facility Supervisor/Manager

Name	
Qualifications	
Phone	
E-mail	

Assessment Contact

Name	
Phone	
Address (if different from facility)	
E-mail	

Financial Contact

Name	
Phone	
Address (if different from facility)	
E-mail	

List the number of full time equivalents (where applicable):		**ACLS***	**PALS***	**HCP CPR**
Operating Room				
Recovery Room				
Management				
Reprocessing/sterilizing Tech**				

* Please provide copies of HCP CPR, ACLS and/or PALS certificates for all nursing staff where appropriate. All ACLS courses MUST include a theory and hands-on training component.

** Please submit copies of practice permit if applicable.

*** Provide training certificate if available.

SECTION 3 - PROCEDURES

Type of Anesthesia

Note: Anesthesiologists with privileges in a Regional Health Authority need only apply once to the College for approval to provide services in NHSFs in Alberta. If this is not an initial application, Medical Directors must confirm with the College that the anesthesiologist is approved before commencing work in the facility.

	Procedures Requested	Adults	Pediatric (<8 years)
General Anesthesia	☐	☐	☐
Sedation	☐	☐	☐
Major Regional Block	☐	☐	☐
Retrobulbar Block	☐	☐	☐
Other (Please State)	☐	☐	☐

Surgical Procedures

Type	Procedure(s) Requested	Adults	Pediatric (<8 years)
Dentistry	☐	☐	☐
Dermatology	☐	☐	☐
General Surgery	☐	☐	☐
Gynecology	☐	☐	☐
Ophthalmology	☐	☐	☐
Oral & Maxillofacial Surgery	☐	☐	☐
Orthopedic Surgery	☐	☐	☐
Otolaryngology	☐	☐	☐
Plastic Surgery	☐	☐	☐
Podiatry	☐	☐	☐
Urology	☐	☐	☐
Other (please state)	☐	☐	☐

SECTION 4 - REQUIRED DOCUMENTATION FOR SUBMISSION

Documentation Required (please contact the CPSA regarding how many copies to submit)
*Please send **COPIES** of all documentation as these will not be returned.

- Application for physician privileges
- Organization structure (e.g. Organization chart)
- Letter from the Safety Code Officer verifying compliance of the non-flammable medical gas piping system
- Copies of HCP CPR/ACLS/PALS certificates of all nursing staff and physician staff if required
- Practice permits for all nursing staff
- Training certificate of reprocessing/sterilizing tech if applicable
- Policy and Procedure Manual (do not send original)
- Report of airflow and quality
- Letter from local ambulance service approval access routes – If available (recommendation)

SECTION 5 – EQUIPMENT

Onsite Equipment & Maintenance – please have the calibration records or maintenance records, as applicable, available for the assessment team on the day of the assessment.

Type of Equipment (e.g. medical gas equipment, ECG, monitors)	Year of Manufacture	Serial No.	Date Acquired	Daily Inspection Documented	Regular Maintenance performed by qualified personnel (Indicate name of staff, contractor or N/A)

SECTION 6 - SIGNATURE

I have reviewed and confirm the above facility and assessment information and documentation.

Medical Director/Designate Name (please print): _____

Date: _____

Signature: _____

Please submit completed form, along with required documentation to the College. All documentation must be returned to the College before an assessment date can be scheduled.

Attn: Chelsey Lockrem
Accreditation Department
College of Physicians & Surgeons of Alberta
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Edmonton, Alberta T5J 0N3
Chelsey.Lockrem@cpsa.ab.ca

Print Form