

## Non-Hospital Surgical Facility – Application for Privileges Assisted Reproductive Technology (ART) Procedure Checklist

This document must be completed and attached to your NHSF Application for Privileges. **ONLY** check (✓) those procedures for which you are requesting NHSF approval. You must also indicate the number of procedures performed in the past 12 months in all NHSFs and hospitals. Please note that only those IVF procedures the facility is approved to perform will be granted.

Applicant Last Name: \_\_\_\_\_

Given/First Names: \_\_\_\_\_

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

Type/Description of Procedure	<b>ONLY</b> check (✓) those procedures for which you are requesting NHSF approval.	You <b>MUST</b> include total number of procedures performed in the <u>past 12 months</u> (all NHSFs and hospitals).
<i>Example: IVF Procedure</i>	<i>check (✓)</i>	<i># of procedures (e.g. 8)</i>
<b>Embryo Transfer</b>	<input type="checkbox"/>	
<b>In Vitro Fertilization (IVF)</b>	<input type="checkbox"/>	
<b>Laparoscopy with minor surgical interventions: Ovarian Biopsy</b>	<input type="checkbox"/>	
<b>Oocyte Retrieval</b>	<input type="checkbox"/>	
<b>Percutaneous Epididymal Sperm Aspiration</b>	<input type="checkbox"/>	
<b>Rectal electroejaculation</b>	<input type="checkbox"/>	
<b>Termination of Pregnancy:</b> • Methotrexate/Misoprostol in early pregnancy	<input type="checkbox"/>	
<b>Testicular Sperm Extraction</b>	<input type="checkbox"/>	
<b>Testis biopsies</b>	<input type="checkbox"/>	
<b>Transvaginal ovarian cyst aspiration</b>	<input type="checkbox"/>	
<b>Varicocelectomy</b>	<input type="checkbox"/>	
<b>Vasoepididymostomy</b>	<input type="checkbox"/>	
<b>Vasovasostomy</b>	<input type="checkbox"/>	

**Notes:**

Physicians providing full ART services must include evidence of the following qualifications and training:

- 1) Specialist in Obstetrics and Gynecology

**AND**

- 2)     a)     Sub-specialty in Reproductive Endocrinology and Infertility (REI) recognized by the Royal College of Physicians and Surgeons of Canada, **OR**
- b)     International training and recognition in Reproductive Endocrinology and Infertility equivalent to that required for certification by the Royal College of Physicians and Surgeons of Canada, **OR**
- c)     Have 5 or more years of experience acceptable to the College that commenced before REI fellowship was available, **AND** be recommended by the medical director of the facility