



DIAGNOSTIC ACCREDITATION PROGRAM

College of Physicians and Surgeons of British Columbia

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Surveyor Change of Contact Details

If your employment or personal information has changed since you submitted your application to the Diagnostic Accreditation Program, please complete this form with the changes and submit it to the Manager of Accreditation Services via fax at 604.733.3503 or email at dmartinig@cpsbc.ca. Thank you for keeping us informed!

Name:		
Credentials:		
Program:		
<input type="checkbox"/> Diagnostic Imaging	<input type="checkbox"/> Laboratory Medicine	<input type="checkbox"/> Neurodiagnostics
<input type="checkbox"/> Polysomnography	<input type="checkbox"/> Pulmonary Function	
Phone Numbers:		
Work: . . .	Home: . . .	Cell: . . .
Address for correspondence and surveyor packages:		
Street:		
City:	Province:	Postal Code:
Email Address:		