



DIAGNOSTIC ACCREDITATION PROGRAM
College of Physicians and Surgeons of British Columbia
300-669 Howe Street Telephone: 604-733-7758
Vancouver BC V6C 0B4 Toll Free: 1-800-461-3008 (in BC)
www.cpsbc.ca Fax: 604-733-3503

Assessor Application Form

PULMONARY FUNCTION

APPLICANT INFORMATION	
Name (as it appears on driver's licence or passport): _____	
Credentials: <input type="checkbox"/> MD <input type="checkbox"/> FRCPC <input type="checkbox"/> RRT <input type="checkbox"/> CACPT	
<input type="checkbox"/> Other: _____	
Areas of current practice: <input type="checkbox"/> Pulmonary function	Number of years: _____
<input type="checkbox"/> Other: _____	Number of years: _____

PROFESSIONAL EXPERIENCE
<i>If you require additional space, please attach a separate electronic document.</i>
1. Please describe your current position and responsibilities.

2. Please describe contributions you have made to your field of practice (board or committee memberships, academic appointments, papers, presentations or projects).

3. Please list any assessor experience with other accrediting bodies.

4. Briefly indicate why you would like to be an assessor.

5. Please attach a brief curriculum vitae.

Assessor Application Form *continued***FACILITY AFFILIATIONS**

Facility name and position: _____

Facility name and position: _____

What months are best for you to participate in an assessment?

 January February March April May June September October November

How many months lead time do you need? _____

Signature of immediate supervisor: _____

Printed name: _____ Date: _____

BUSINESS ADDRESS

Facility name: _____

Department: _____

Street: _____

City: _____ Province: _____ Postal code: _____

Daytime telephone: _____ Cell phone: _____

Email: _____

HOME ADDRESS

Street: _____

City: _____ Province: _____ Postal code: _____

Daytime telephone: _____ Cell phone: _____

Email: _____

Emergency contact: _____ Contact number: _____

SHIPPING ADDRESS

Street: _____

City: _____ Province: _____ Postal code: _____

To which address should mail and assessment packages be sent?

 Business address Home address Shipping address**Please return the completed form by email at pulmonaryfunction@cpsbc.ca.**

The information on this form is collected under the authority of section 5-21 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).