

Professional and Facility Management Unit
10025 Jasper Avenue NW
PO Box 1360 Station Main
Edmonton AB T5J 1S6

For office use only

DSR#	DID#
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Facility numbers are not transferable to another location; they are assigned to a physical site address.

Section A - Nature/Type and effective date of change

<input type="checkbox"/> Add a new facility Effective date Year Month Day _____	<input type="checkbox"/> Change to facility Effective date Year Month Day _____ Facility number _____	<input type="checkbox"/> End the facility Effective date Year Month Day _____ Facility number _____
If you are leaving this facility, will others continue to practise there? <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery site type: <input type="checkbox"/> Practitioner office		

Section B - Identification

Facility common name

Organization name (identifies the practitioner, clinic or professional corporation that operates the facility)

Practitioner identifier _____	Practitioner's name (only one required) _____
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Facility location - Physical address information

Information collected in this section may be used by the Delivery Site Registry.

Facility physical address (Provide a street address or a legal land description only. A post office box number is not a facility physical site address.)

City/Town/Municipality	Province	Country	Postal code
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Yes change my business mailing address to that above.

Facility (Delivery Site) communications

Business phone number _____	Business fax number _____	Business email _____
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Indicate the functional centre(s) in your facility

(Functional centres marked* require a copy of the College of Physicians and Surgeons of Alberta Accreditation Letter.)

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|--|--|--|
| <input type="checkbox"/> Examination room
(Practitioner's office) | <input type="checkbox"/> Clinical lab* | <input type="checkbox"/> Other diagnostic lab* |
| <input type="checkbox"/> Non-hospital surgical suite* | <input type="checkbox"/> Diagnostic imaging* | <input type="checkbox"/> Electrodiagnosis* |
| | <input type="checkbox"/> Radiology oncology | |

Section C - Authorization (This section must be completed before this form is considered valid.)

Signature _____

Name and position/title _____ Date _____

Return completed forms to Professional and Facility Management Unit at the address above, or fax to 780-422-3552. If you need assistance completing this form, please refer to your Resource Guide. If you need further assistance, call 780-422-1522 in Edmonton, or toll-free within Alberta at 310-0000, then 780-422-1522.

Information collected is used for programs or benefits funded by Alberta Health and Wellness. It is collected under the authority of sections 20(b) and 27 of the *Health Information Act*. The confidentiality of this information and your privacy are protected by the provisions of the *Health Information Act* and the *Alberta Health Care Insurance Act*.