



College of Dental Surgeons of Alberta

Dental Surgical Facility (DSF) Application Form for Accreditation

(Application to be submitted by the Dental Operator)

**THIS FORM MUST BE SIGNED BY THE DENTAL OPERATOR IN THE SPACE
PROVIDED AT THE END OF THIS APPLICATION FORM ON PAGE 7**

PART A: DENTAL SURGICAL FACILITY INFORMATION

Name of DSF: _____

Address of DSF: _____

Telephone Number: _____ Fax Number (if applicable): _____

Email Address: _____

Owners(s): _____

Medical Director (if applicable): _____

PART B: DSF PERSONNEL

1. Dental Operator (DO)

Name of DO: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR)/ Basic Life Support Provider (BLS)
- ☐ Advanced cardiac Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Address for Correspondence: _____

Telephone Number: _____ **Fax Number (if applicable):** _____

Email Address: _____

2. Other Dentists Providing Services (use additional pages if necessary)

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Services Provided/ Role in DSF: _____

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Services Provided/ Role in DSF: _____

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Services Provided/ Role in DSF: _____

3. Authorized Dentist(s) or Physicians Providing Deep Sedation or General Anaesthesia Services in DSF:
(use additional pages if necessary)

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Date of approval and authorization by CDSA for dental anaesthetists
or

Privileging or credentialing by CPSA for physician anaesthesiologists:

Date:

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Date of approval and authorization by CDSA for dental anaesthetists
or

Privileging or credentialing by CPSA for physician anaesthesiologists:

Date:

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Date of approval and authorization by CDSA for dental anaesthetists
or

Privileging or credentialing by CPSA for physician anaesthesiologists:

Date:

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Date of approval and authorization by CDSA for dental anaesthetists
or

Privileging or credentialing by CPSA for physician anaesthesiologists:

Date:

4. **Other Regulated Personnel (Registered Nurse/ Registered Dental Assistant) Providing Services in DSF:**
(use additional pages if necessary).

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Services Provided/ Role in DSF (including description of Clinical and/or Management role)

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Services Provided/ Role in DSF (including description of Clinical and/or Management role)

NAME: _____

Qualifications (including BLS, ACLS, PALS, Airway, etc.)

- ☐ Healthcare Provider (HCP.CPR) /Basic Life Support Provider (BLS)
- ☐ Advanced Cardiovascular Life Support (ACLS)
- ☐ Pediatric Advanced Life Support (PALS)
- ☐ Airway Management
- ☐ Airway Management with Pediatric component

Services Provided/ Role in DSF (including description of Clinical and/or Management role)

PART C: FEATURES OF THE DSF

1. What are the *five (5)* most common procedures (*surgical or otherwise*) performed in the Dental Surgical Facility?

1)

2)

3)

4)

5)

2. Are there surgical services other than dental performed in the facility?

3. What is the most frequent form of anaesthesia used in the facility?

4. What percentage of patients treated in the DSF is pediatric (less than or equal to 12 years of age)?

5. Do any Authorized Dentist provide deep sedation or general anesthesia in this facility?
☐ Yes ☐ No

If Yes, please provide details:

6. Are there any outstanding/ unusual features of the DSF?
☐ Yes ☐ No

If Yes, please provide details:

7. Are there any plans for changes to the DSF or the services provided? (see below)
☐ Yes ☐ No

Note: a Dental Operator must, in anticipation of or in advance of any of the following changes with respect to a DSF, advise the Registrar of the CDSA of:

- any major structural change to patient care area
- any major change in types of procedures or practices (including those related to deep sedation / general anaesthesia services or equipment)
- any significant changes in personnel who provide anaesthesia services, and
- any significant increase in volumes of procedures performed (more than 50% of the previously reported volume)
- any change of ownership of the DSF

If Yes, please provide details:

PART D: ANAESTHESIA/ SURGICAL PROCEDURES IN THE DENTAL SURGICAL FACILITY

Correlation of DEEP SEDATION and GENERAL ANAESTHESIA and SURGICAL Dental Surgical Services				
TYPES OF PROCEDURES BY CASE::				
	ADULTS	ADULTS	PEDIATRIC PATIENT	PEDIATRIC PATIENT
	General Anaesthesia CASES	Deep Sedation CASES	General Anaesthesia CASES	Deep Sedation CASES
General Dentistry				
• MAINTENANCE				
• RESTORATIVE				
• SURGICAL				
• COMBINATION of above				
Oral and Maxillofacial Surgery				
Total				

The Dental Operator is asked to provide the following data in table form from information retained in DSF records from the calendar year prior to the year of Application:

This table itemizes the number of CASES of Deep Sedation and General Anaesthesia performed in the DSF, categorized as ADULT or PEDIATRIC services, and related to the types of procedures by case performed in the DSF as follows:

1. General Dentistry (including Maintenance, Restorative, Surgical or Combination)
or
2. Oral and Maxillofacial Surgery (including Maintenance, Restorative, Surgical or Combination).

PART D: ANAESTHESIA/ SURGICAL PROCEDURES IN THE DENTAL SURGICAL FACILITY

I certify the information provided on this Application for Accreditation to be true and correct:

SIGNATURE of Dental Operator

Date: