

Withdrawal Form for Moderate Sedation, Deep Sedation, and/or General Anesthesia Facilities

Thank you for informing the British Columbia College of Oral Health Professionals (BCCOHP) that your facility is no longer providing moderate sedation, deep sedation and/or general anesthesia (GA) services. Please complete this form and return it to accreditation@oralhealthbc.ca within seven business days from the last date of sedation and/or GA services provided.

Facility information

Name of facility (as appear on signage): _____

Name of the facility director: _____

As per the *BCCOHP HPOA Bylaws*, Part 14. Accreditation, a “facility director” means a licensee who the registrar approves as the facility director for an accredited facility under HPOA bylaws section 14.07(5)(a).

Name(s) of facility owners (all): _____

Full Name	Licensee Number

Facility address: _____

Level of sedation no longer provided

- Moderate sedation
 Deep sedation
 General anesthesia

Date of last sedation services (m/d/y): _____

Name of sedation provider(s) who provided last day of sedation and/or GA services:

Full Name	Licensee Number

Confirmation of whether any other sedation services (e.g., minimal sedation) will be provided at this facility: _____

Please be reminded that if minimal sedation services are provided, registrants must be in full compliance with the *Minimal and Moderate Sedation Standards & Guidelines*, as well as all relevant sedation updates.

A new assessment will be required if you wish to resume moderate sedation, deep sedation, and/or general anesthesia services.

Declaration

I _____ (name of the facility director) confirm and certify that all information provided for the Withdrawal Letter to be accurate, true, and up to date.

Printed name: _____ Signature: _____

Date (m/d/y): _____