



DIAGNOSTIC FACILITY SERVICES
NOTIFICATION OF MEDICAL DIRECTORSHIP CHANGE

This form is required when an on-site Medical Director departs or a new Medical Director assumes the role. This form must be authorized by either the incoming or outgoing Medical Director, or their Delegated Signing Authority. Only complete and authorized Medical Directorship Change forms will be accepted for processing.

Completed forms must be scanned and uploaded to: www.gov.bc.ca/assignmentofpaymentupload

PART A: MEDICAL DIRECTOR INFORMATION

Form with fields for Name of Outgoing Medical Director, Name of Incoming Medical Director, Practitioner Number of Incoming Medical Director, End Date of Outgoing Medical Director, Start Date of Incoming Medical Director, Email Address of Incoming Medical Director, Facility Name(s), Facility Number(s), and Department Name(s).

PART B: AUTHORIZATION

I confirm the Medical Directorship changes stated here are current and accurate and in compliance with Section 43(1)(g) of the Medical and Health Care Services Regulation, whereby the Medical Services Commission (MSC) requires notification of any changes to a diagnostic facility's medical staff or supervisory personnel, as previously represented to the MSC in an application or otherwise.

Form with fields for Name of Incoming/Outgoing Medical Director or Delegated Signing Authority, Title, Signature of Incoming/Outgoing Medical Director or Delegated Signing Authority, Name of Facility / Department, and Date Signed (YYYY / MM / DD).

PART C: NOTIFICATION (OPTIONAL)

The incoming Medical Director indicated in Part A of this form will be provided an email confirmation when the Notification of Medical Directorship Change has been processed. Please indicate the name, title and email address of any additional persons who should be copied on this confirmation.

Table with 3 columns: Name, Title, Email. Multiple empty rows for data entry.

Your personal information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administration of the Medicare Protection Act, as it relates to processing your Notification of Medical Directorship Change form and for record keeping. If you have any questions about the collection of your personal information, please contact Diagnostic Facilities Administration at: DFAdmin@gov.bc.ca

FOR OFFICE USE ONLY - DFA AUTHORIZATION

Form with fields for Print Name, Date (YYYY MM DD), and Authorized Signature.