



APPLICATION FORM FOR HOSPITAL ACCREDITATION – 2019

Step 1: Application Form for Inspection

Please complete the information below (Step 4) and return it to the NSVMA Office, 15 Cobequid Road, Lower Sackville, NS, B4C 2M9 along with the appropriate fee. The NSVMA does not pro-rate fees. Upon receipt of this completed application form, your facility will be scheduled for inspection.

Applications for “**New**” facility inspections must be processed before the facility may open for business. Indeed, an inspection must take place before a new facility may open for the practice of veterinary medicine.

“**Renewal**” applications should be submitted months before the current certificate expires. This allows time for an inspection to take place and for the correction of any deficiencies which may be noted during the inspection.

Step 2: How to prepare for Inspection:

Please note that your **Radiology equipment is required to have been inspected prior to your Hospital Inspection** visit. Please ensure that you are in possession of a valid “Certificate of Compliance.” This certificate may be obtained from the company / technician who conducts the inspection of your equipment. Further details are available on the NSVMA website, in the “members” section - Accreditation.

Related areas for Radiology inspection:

Inspection of proper signage and safety warnings

Timer accuracy test

Collimator test

chart

Scatter test

Verification of control identification and function

Report issued by inspection service and certificate of compliance

kVp accuracy test

Visual inspection of wiring connections

Confirmation of current technique

Inspection of counterweight cable

Check audible exposure signal

For your reference, the Standards of Practice forms used as the basis for the facility inspection are located on the NSVMA website at www.nsvma.ca in the “members” section - Accreditation.

The By-Laws Annex A contains any information you require.

For example: Will your reference texts be current during the three years post inspection?

Do you have an exhaust system in your Isolation Room that vents directly to the outside?

Will your record keeping system meet today’s standards?

Will your various Logs contain the information they should?

Do your prescription labels contain the required information?

Step 3: Additional Fee information

“**New Facility**”: New Facilities are subject to two inspections. The Initial Inspection is required prior to the Facility opening for business to confirm that the necessary equipment, protocols and standards are in place to open. The Final Inspection is conducted within 60 days of opening and will inspect any deficiencies noted in the Initial Inspection, as well as to inspect the medical records, required logs (radiology, narcotic control and anesthetic/surgery logs), and any additional areas that the inspector deems appropriate. Since New Facilities require two inspection visits, the Inspection Fee for New Facilities are double that of a renewal Inspection for the same Facility. For example: If a SAH inspection fee for a New Facility is \$300.00, then you double the figure and arrive at \$600.00 + HST.

“Re-Inspections” may be required for Renewal based inspections if the Hospital Accreditation Committee deems it necessary in order to ensure that all deficiencies noted in the regular Inspection have been corrected. Should the Chairperson of the Accreditation Committee request that an Inspector return to a facility for a re-inspection, the facility will be assessed a second inspection fee - the same amount as the original inspection fee. For example: A SAH inspection fee is \$300.00 and if a re-inspection is required by the Accreditation Committee, then the facility owner will be responsible for a second fee of \$300.00 + HST.

Step 4: The Application Form:

Expiry date of current certificate: _____ Facility Number: _____

Name of Facility: _____

Address: _____

Telephone: _____

Email: _____
(Print)

Cheque enclosed (payable to NSVMA [See rates below]): \$ _____
(Amount)

Date of application: _____ **Signature of Practice Owner:** _____

Fees for Hospital Inspections: (Please check the box or boxes for the inspections required.)

* Includes fees for one (1) mobile.

	Cost	HST	
<input type="checkbox"/> Small Animal Hospital	\$330.70	+ 49.61 =	\$380.31
<input type="checkbox"/> Small Animal Clinic	\$330.70	+ 49.61 =	\$380.31
<input type="checkbox"/> Small Animal Remote Service	\$330.70	+ 49.61 =	\$380.31
<input type="checkbox"/> Small Animal Mobile Clinic*	\$330.70	+ 49.61 =	\$380.31
<input type="checkbox"/> Small Animal House Call Service*	\$330.70	+ 49.61 =	\$380.31
<input type="checkbox"/> Small Animal Hospital with House Call Service*	\$404.21	+ 60.63 =	\$464.84
<input type="checkbox"/> Large Animal Hospital *	\$404.21	+ 60.63 =	\$464.84
<input type="checkbox"/> Large Animal Clinic *	\$404.21	+ 60.63 =	\$464.84
<input type="checkbox"/> Combined Small Animal Hospital / Large Animal Hospital *	\$584.74	+ 87.71 =	\$672.45
<input type="checkbox"/> Combined Small Animal Hospital / Large Animal Clinic *	\$584.74	+ 87.71 =	\$672.45
<input type="checkbox"/> Mobile (Each additional)	\$ 73.49	+ 11.02 =	\$ 84.51
<input type="checkbox"/> Final Re-inspection Fee (Deficiencies not corrected on time) (or Final inspection for new facility)	\$ Same as facility fees above		

Office Assignment -- Inspector: _____ Date/Time: _____