College of Dental Surgeons of Saskatchewan

FACILITY / CLINIC REGISTRATION

**** One registration <u>for each facility / clinic</u> to be completed by the Comprehensive Authorized Practice Director****

Each question on this page must be initialed by the Comprehensive Authorized Practice Director signing below.

Please refer to the CDSS Practice of Dentistry, Clinic Facilities Standard for more information. (www.saskdentists.com / member-site / Professional Resources / Professional Practice Standards / Section I. (i).

1. Facility / Clinic Name: *(As it appears in external advertising)* _____
2. Address of Facility / Clinic: (*Include mailing address if different)* _____
3. Facility / Clinic Website: _____ 4. Facility / Clinic Phone #: _____
5. Facility / Clinic Owner(s): _____ 6. Facility / Clinic Email: _____
7. Which CDSS member(s) (or agency) employs the dental hygienists, therapists, and assistants at this facility / clinic?

   _____

8. I confirm that the dentist(s) and owner(s) of this facility / clinic are aware of and are compliant with CDSS Practice of Dentistry, Clinic Facility Standard sections 7 and 8, and CDSS Bylaws 3.8, 3.9 and 3.10. ☐ Yes ☐ No
9. Does each CDSS member connected to, or practicing in, this facility / clinic have access to their patient records? ☐ Yes ☐ No
10. I, as Clinic Director, agree to read, understand and communicate the CDSS Practice of Dentistry Clinic Facilities Standard to all staff within this facility / clinic before any DDAs23 authorized practice is performed to allow the practice of dentistry within this facility / clinic. I have emphasized the following:
    a) Advertising Standard ☐ Yes ☐ No
    b) Sedation Standard ☐ Yes ☐ No
    c) Workplace, Waste Management and Environmental Standard ☐ Yes ☐ No
    d) Radiation Standard ☐ Yes ☐ No
    e) Infection Prevention and Control Standard ☐ Yes ☐ No
11. I understand that I must apply for **<u>Sedation Registration</u>** before any procedures involving sedation are performed in this facility / clinic and that each member performing sedation must have **<u>Sedation Registration</u>**. ☐ Yes ☐ No
12. I understand that if general anesthesia will be performed by a CPSS licensed physician in this facility / clinic, that an inspection will be performed for accreditation as non-hospital treatment facility, pursuant to the Health Facilities Licensing Act. ☐ Yes ☐ No
13. I agree to provide the CDSS with a **written protocol** for the continuity of care when any of the dentists practicing in the facility / clinic, take leave from, or discontinue their connection with this clinic (educational clinics exempted). ☐ Yes ☐ No
14. I agree to **<u>notify the CDSS within 24 hours of any changes</u>** to the above information on this permit. ☐ Yes ☐ No

Comprehensive Authorized Practice Director Name: _____ **Signature:** _____ **Date:** _____

****Comprehensive Authorized Practice Director**** means: the primary attending full practicing member, at a facility / clinic, will have the primary responsibility for the oversight of the comprehensive authorized practice carried on within that facility / clinic. This oversight includes:

(a) providing current practice contact information;
(b) acting as the most responsible member and contact at a facility / clinic for quality assurance purposes, in the public interest;
(c) the general safety of practice in the facility / clinic;
(d) reporting of critical incidents;
(e) the appropriate employment of, or contracting with, Assistants, Therapists and Hygienists;
(f) the supervision, which may vary depending upon circumstances, of comprehensive authorized practices performed at the facility / clinic pursuant to sections 15(2), and 23 of The Act, these bylaws and the CDSS Member Competence and Professional Practice Standard;
(g) obtaining required Facility / Clinic Registration and developing protocols regarding, but not limited to, Sedation and Anesthesia, Radiation and Imaging, Employment and Business Relationships, Agreements and Leases, Advertising, Quality Assurance, Patient Records and other legal requirements.;

Note: If you are solely a referral / consultant dentist, you are not an Authorized Practice Director unless it is part of your contract. Referral / consult dentists must list the organization contact information, but **<u>not</u>** all clinic sites.