

Request for a Revision to a Privileging Dictionary

Please complete the form below to have your revision to the Practitioner Privileging Dictionary be considered.

Complete all the fields below and submit the form to the following email support@bcmqi.ca

We may contact you if we have additional questions.

Alternatively, you may choose to contact your Health Authority's Medical Affairs Office directly.

If you have questions please contact BC MQI Office Helpdesk at support@bcmqi.ca or 604-829-2604.

PART A: INDIVIDUAL REQUESTING		
<input type="checkbox"/> Practicing Practitioner	<input type="checkbox"/> Department Head	<input type="checkbox"/> HA Administration
First Name:	Middle Initial:	Last Name:
Phone #:	Email Address:	
Health Authority:	Department:	Hospital Site:
Medical Specialty:		
Health Authority Role:		

PART B: REQUEST DETAILS		
Privileging Dictionary:	Dictionary Section: Core <input type="checkbox"/>	Non-Core <input type="checkbox"/>
Description of the Request and Rational:		
Signature:	Date:	

***Information on this form will be shared with the Medical Affairs Office in your Health Authority.

