



Statement of Disclosure

Have you plead guilty to, been convicted or found guilty of or, if the charge is still outstanding, been charged with any offence in or out of Canada that is inconsistent with the proper professional behaviour of a registrant, including an offence under any of the following, and a pardon has not been issued:

- (i) the Criminal Code (Canada)
- (ii) the Food and Drug Act (Canada) or its regulations,
- (iii) the Controlled Drugs and Substances Act (Canada) or its regulations

☐ Yes ☐ No

Have you had privileges under the Controlled Drugs and Substances Act (Canada) suspended or withdrawn?

☐ Yes ☐ No

Have you been found guilty of a disciplinary offence in another jurisdiction or entered into a settlement agreement that included recognition of a disciplinary offence?

☐ Yes ☐ No

Have you had a licensing sanction imposed by another jurisdiction?

☐ Yes ☐ No

Are you in breach of a settlement agreement?

☐ Yes ☐ No

Are you in violation of a practice limitation imposed under the Act or in another jurisdiction?

☐ Yes ☐ No

Are you in violation of a licensing sanction?

☐ Yes ☐ No

Are you the subject of an investigation or disciplinary process in any jurisdiction?

☐ Yes ☐ No

Has your employment ever been terminated for cause related to the practice of pharmacy?

☐ Yes ☐ No

To your knowledge, do you have the capacity, professional competence and character to safely and ethically practice pharmacy?

☐ Yes ☐ No

Have you settled or lost a civil suit alleging professional negligence?

☐ Yes ☐ No

I agree and understand that, as of the date of completion of this application, I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions on the declaration. I understand that this requirement will continue even after the date my certificate of registration is issued.

☐ I agree

I hereby declare, as indicated by my agreement below, that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation in respect to my application, I shall be deemed not to have satisfied the requirements for a Certificate of Registration. I further understand and agree that if a Certificate of Registration is issued to me based upon a false or misleading statement or representation that the Certificate is subject to immediate cancellation.

☐ I agree

Name (please print)

Signature

Date