

Self-Declaration Form

Applicants under the age of 18 years old must complete this form in place of a criminal record check.

Name of Applicant: _____

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
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 understand that as of the date of completion of this form I am required to self-report any new charges outside of the <i>Youth Criminal Justice Act</i> that could raise regulatory or practice issues and that failure to do so could result in the suspension of the licence, denial of registration and I may be barred from future attempts to register with the College. I understand that this requirement will continue even after the date my certificate of registration is issued.	Yes	No

Self-Declaration

I (Name of Applicant) _____ declare that the contents of this declaration 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 declaration, 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 my registration is subject to immediate cancellation.

Signature: _____ Date: _____