



Licensee statutory declaration

Updated October 2024

CANADA)
 PROVINCE OF ALBERTA) **In the matter of application for a pharmacy licence under the *Pharmacy and Drug Act***
 TO WIT:)

I, _____, a resident of _____, in the Province of _____
name of applicant name of city/town

do solemnly declare:

1.	I have been convicted of an indictable offence related to misconduct, fraud, or commercial matters within Canada or a similar offence outside of Canada.	Yes	No
2.	I have been prevented from being a licensee or its equivalent in another jurisdiction.	Yes	No
3.	I am affected by a physical or mental condition or disorder or aware of anything that impairs my capacity ¹ to fulfill the responsibilities and obligations of a licensee under the Legislative Framework.	Yes	No
4.	If I have answered "Yes" to question 1, 2, or 3, I have enclosed full particulars in relation to the sections that I have answered "Yes" to, including submitting a completed disclosure form.	Yes	N/A

I am the applicant for a pharmacy licence. All information that I have attached to this statutory declaration or provided in connection with my application for a pharmacy licence is accurate. I understand that I will not have satisfied the requirements for a pharmacy licence if I make a false or misleading statement or representation on my application for a pharmacy licence. I understand that a false declaration or the provision of inaccurate, false, or misleading information in connection with my application for a pharmacy licence may result in a referral to the complaints director.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at the _____) of _____)
insert "city" or "town" name of city or town
 in the Province of _____, this _____ of _____, A.D. 20 _____)
(date, i.e., 25th) (month) (year)

Signature of declarant **NOTE: Forms submitted without a signature will not be accepted and will result in delays.**

 A commissioner for oaths/notary public in and for the Province of _____
(Out of province declarants – please declare this document before a notary public)

 Print or stamp name of commissioner/notary _____
 Expiry date of commissioner

This document must be sworn in the presence of a commissioner for oaths, notary public or lawyer and completed by the new pharmacy licensee.

¹ *Health Professions Act*, Interpretation 1(1)(s) "incapacitated": means suffering from a physical, mental, or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.