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Licensee statutory declaration

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:

Table with 8 rows and 2 columns. Each row contains a question and two response options: Yes and No.

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.

18 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.

DECLARED before me at the \_\_\_\_\_ )  
(insert "city" or "town")

of \_\_\_\_\_ ) in the Province of \_\_\_\_\_ )  
(name of city / town)

this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_ )  
(date (e.g., 25th)) (month) (year)

\_\_\_\_\_  
Signature of declarant

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.**