

## Disclosure: judgement in a civil action

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Date of civil action

\_\_\_\_\_

Registration number

Describe the nature and circumstances that led to the civil action. Describe the incident and provide explanation, including details and circumstances surrounding the incident.

Summarize the judgement(s) and describe how this relates to the practice of pharmacy or another health profession.

Status of judgement or orders (e.g., outstanding requirements of orders or conditions). Include relevant dates.

List and attach all available supporting documentation related to this judgement and evidence of compliance. List the supporting documentation you have provided.

Indicate any unresolved civil matters (include dates).

Any information you wish to provide in connection with the judgement or claim, including whether your circumstances or lifestyle have changed since the incident occurred. What steps have you taken towards improvement?

How does this judgement or claim impact your ability to provide safe and effective pharmacy services?

How does this judgement or claim impact the public's confidence and trust in the pharmacy profession?

What steps have you taken to ensure you are a law-abiding citizen?

Any additional information or evidence you wish to provide to support you are of good character and reputation.

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Signature

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Date