



# Registration professional declaration

Updated October 2024

This declaration is made to the Alberta College of Pharmacy as part of an application for registration or renewal on the clinical pharmacist or the pharmacy technician register.

I, \_\_\_\_\_, a resident of \_\_\_\_\_, in the Province of \_\_\_\_\_

do solemnly declare:

1.	I have plead guilty or been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which I was not pardoned.	Yes	No
2.	I am currently the subject of a proceeding relating to any criminal offence in Canada or any jurisdiction outside of Canada.	Yes	No
3.	I am aware that I am the subject of an open and ongoing police investigation.	Yes	No
4.	I am aware that I have outstanding charges, warrants, peace bonds, prohibition orders, release conditions, or restraining orders against me in Canada or any jurisdiction outside of Canada.	Yes	No
5.	I have been the subject of a finding of negligence, professional or ethical misconduct, incompetence, or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada.	Yes	No
6.	I am currently the subject of a proceeding for professional or ethical misconduct, incompetence, or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada.	Yes	No
7.	I have been refused an application for registration as a pharmacist or pharmacy technician, or another regulated health professional in Canada or any jurisdiction outside of Canada.	Yes	No
8.	I have had a judgement in a civil action against me with respect to the practice of pharmacy or another regulated health profession in Alberta or any other jurisdiction.	Yes	No
9.	I am affected by a physical or mental condition or disorder or aware of anything that impairs my capacity <sup>1</sup> to provide pharmacy services in a safe and competent manner.	Yes	No
10.	If I have answered "Yes" to any of sections 1 to 9, 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 person referred to in the documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications.

I understand that while I am a regulated member of the Alberta College of Pharmacy, I am obligated to provide the registrar with the details of any of the following that relate to me and occur or arise after my registration. If

- I plead guilty, or have been found guilty, of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which I am not pardoned.

<sup>1</sup> *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.



- I become the subject of a proceeding relating to any criminal offence in Canada or any jurisdiction outside of Canada.
- I become the subject of a finding of negligence, professional or ethical misconduct, incompetence, or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada.
- I become the subject of a proceeding for professional or ethical misconduct, incompetence, or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada.
- I am refused an application for registration as a pharmacist, pharmacy technician, or another regulated health professional in Canada or any jurisdiction outside of Canada.
- A judgement in a civil action is registered against me with respect to the practice of pharmacy or another regulated health profession in Alberta or any other jurisdiction.
- I become affected by a physical or mental condition or disorder or aware of anything that impairs my capacity<sup>2</sup> to provide pharmacy services in a safe and competent manner.
- I become aware that I am the subject of an open and ongoing police investigation.
- I become aware that I have outstanding charges, warrants, peace bonds, prohibition orders, release conditions, or restraining orders against me in Canada or any jurisdiction outside of Canada.

I understand that I am subject to audit and further investigation, including a criminal record check, at the request of the registrar.

As a regulated member on the clinical pharmacist or pharmacy technician register of the Alberta College of Pharmacy, I understand that I must be in possession of valid professional liability insurance, that is issued in my name and provides me with the required amount of personal coverage for the practice of pharmacy that is either claims-made or occurrence-based. I will maintain this insurance coverage while on the clinical pharmacist or pharmacy technician register regardless of

- the province in which I reside,
- whether my place of employment changes, or
- if I am employed.

I understand that the status of my insurance coverage is subject to audit and that false or misleading statements concerning my coverage may be investigated by the complaints director, which may result in referral to a hearing before a Hearing Tribunal.

I acknowledge that I shall be deemed to have not satisfied the requirements for registration if I make a false or misleading statement or representation on my application. I understand that a false declaration or failure to fulfill my declared obligations may be investigated by the complaints director, which may result in referral to a hearing before a Hearing Tribunal.

I make this professional declaration conscientiously believing it to be true.

Declared this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_)
   
(date, i.e., 25th) (month) (year)

\_\_\_\_\_  
 (declarant's signature)

\_\_\_\_\_  
 ACP registration number

<sup>2</sup> *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.