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# Registration statutory declaration

CANADA )

PROVINCE OF ALBERTA ) In the matter of application for registration with the Alberta College of Pharmacy

TO WIT: )

I, \_\_\_\_\_, a resident of \_\_\_\_\_, in the Province of \_\_\_\_\_ do solemnly declare:

1.	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.	Yes	No
2.	I have pled 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
3.	I am currently the subject of a proceeding relating to any criminal offence in Canada or any jurisdiction outside of Canada.	Yes	No
4.	I am aware that I am the subject of an open and ongoing police investigation.	Yes	No
5.	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
6.	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
7.	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
8.	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
9.	I have had a judgment 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
10.	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
11.	If I have answered "Yes" to any of sections 2 to 10, 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

<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 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

- a. 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;
  - b. I become the subject of a proceeding relating to any criminal offence in Canada or any jurisdiction outside of Canada;
  - c. 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;
  - d. 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;
  - e. I am refused an application for registration as a pharmacist or pharmacy technician, or another regulated health profession in Canada or any jurisdiction outside of Canada;
  - f. A judgment 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;
  - g. 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;
  - h. I become aware that I am the subject of an open and ongoing police investigation;
  - i. 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.
12. Yes No

13. 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 referred to the complaints director for further investigation, which may result in referral to a hearing before a Hearing Tribunal. Yes 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.

DECLARED before me at the \_\_\_\_\_ ) of \_\_\_\_\_ )  
insert "city" or "town" name of city or town  
in the Province of \_\_\_\_\_, this \_\_\_\_ of \_\_\_\_\_, A.D. 20\_\_\_\_)

\_\_\_\_\_  
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

<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.