

Declaration of Good Character



- For: Pre Registration
 Application as a Student
 Application as an Intern
 Application as a Pharmacist

Have you been found guilty of an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or of any criminal offence in Ontario, or any other jurisdiction? Yes No

Are you the subject of a current proceeding relating to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or relating to any criminal offence in Ontario, or any other jurisdiction? Yes No

Have you ever been or are you currently the subject of a finding of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction in relation to pharmacy or any other health profession? Yes No

I acknowledge that I shall be deemed to have not satisfied the requirement for a certificate of registration if I make a false or misleading statement or representation on my application. Yes No

I agree that I shall provide the Registrar with the details of any of the following that relate to me and that occur or arise after my registration: Yes No

- a charge relating to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or relating to any criminal offence
- a finding of guilt in relation to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs or in relation to any criminal offence
- a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession
- a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

I hereby certify that the statements made by me on this application are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted to me.

Please print your name _____ OCP # _____
(First name) (Last name) (if applicable)

Signature _____ Date _____