

NOTARIZED STATEMENT FOR REGISTRATION AND INITIAL LICENSURE FOR PHARMACISTS CURRENTLY  
LICENSED IN ANOTHER JURISDICTION IN CANADA

I, \_\_\_\_\_ in the City of \_\_\_\_\_ in the Province  
(Applicant's Full Name, print)

of \_\_\_\_\_, declare that in Manitoba or anywhere in the world:

- i. I am not under suspension or investigation by any health profession regulatory body governing the practice of pharmacy in Canada or another country.
- ii. I have not been denied an application to practice as a health care professional.
- iii. I have not been disciplined by another regulatory body responsible for the regulation of pharmacists or another health profession.
- iv. I currently have, or previously have had, no conditions placed on my ability to engage in the practice of a health profession.
- v. I have not been found civilly liable for professional negligence or malpractice in relation to the practice of a health profession.
- vi. I am not currently the subject of proceedings with respect to a criminal offence or an offence under an Act regulating the practice of pharmacists or related to the sale of drugs.
- vii. I have not been convicted of an offence in Canada or any other jurisdiction.
- viii. I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, that may interfere with my ability to practice in a safe and effective manner.
- ix. There is nothing in my past conduct that would provide grounds for belief that I will not engage in the practice competently and with decency, integrity and honesty and in accordance with the law.

I make this declaration conscientiously believing it to be true.

Declared this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
(Signature of Applicant)

Name of Notary Public (please print): \_\_\_\_\_

Address of Notary Public: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

(Notary must also include embossed legal seal)