

**NOTARIZED STATEMENT  
FOR REGISTRATION AND INITIAL LICENSURE  
GRADUATE, DOMESTICALLY OR INTERNATIONALLY EDUCATED  
FACULTY OF PHARMACY WITHIN OR OUTSIDE CANADA**

**APPLICANT CONTACT INFORMATION**

Last Name	First Name	Middle Name(s)	
Mailing Address	City	Province	Postal Code
Mobile Phone Number	Email Address		

**REGISTRATION HISTORY**

<b>Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details in the space provided.</b>	<b>YES</b>	<b>NO</b>
Have you previously held a licence to practice pharmacy in any jurisdiction, other than Manitoba, in Canada or worldwide?		
If yes, indicate all jurisdictions, both in Canada and worldwide, that you previously held a licence to practice pharmacy:		
Have you previously held a licence to practice in another regulated profession in any jurisdiction, in Manitoba, Canada, or worldwide?		
If yes, indicate all professions and jurisdictions:		
Do you currently hold a licence to practice pharmacy in a jurisdiction, other than Manitoba, in Canada, or worldwide?		
If yes, indicate all licences held, the category of licence or registration, and the jurisdiction licence is applicable:		
Do you currently hold a licence to practice in another regulated profession in any jurisdiction, in Manitoba, Canada, or worldwide?		
If yes, indicate all licences held, the category of licence or registration, and the jurisdiction licence is applicable:		
Have you ever been registered as a student, intern, academic, temporary, or conditional pharmacist in any jurisdiction, other than Manitoba, both in Canada and worldwide?		
If yes, indicate all types of registration and jurisdictions, both in Canada and worldwide:		

<b>DISCLOSURES</b>		
<b>Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details on separate paper.</b>	<b>YES</b>	<b>NO</b>
Are you the subject of a current investigation, proceeding, or suspension from practice which relates to your suitability to practice a health profession, including pharmacy, in any jurisdiction in Canada or elsewhere?		
Has your registration or licence to practice a health profession, including pharmacy, ever been revoked, suspended, restricted, or subject to individual terms or conditions by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been subject to an undertaking or formal agreement by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of conduct unbecoming, or professional misconduct, or incompetence related to the practice of a health profession, including the practice of pharmacy, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of professional negligence or malpractice in any jurisdiction in Canada or elsewhere?		
Have you ever been denied registration by any professional regulatory authority, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a disciplinary finding by any professional regulatory authority, in any jurisdiction in Canada, or elsewhere?		
Do you currently, or have you ever had a physical or mental condition or disorder, including an addiction to alcohol or drugs, which may impair your ability to engage in professional practice in a safe and effective manner?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of a criminal or regulatory offence in Canada or elsewhere?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of careless driving causing death under <i>The Highway Traffic Act</i> of Manitoba, or similar legislation?		
<b>I make this declaration conscientiously believing it to be true.</b>		
<b>Signature of Applicant</b>	<b>Declared on this Date (MM / DD / YYYY)</b>	
<b>Declared in the City of</b>	<b>In the Province of</b>	
<b>Notary Public</b>		
<b>Name of Notary Public</b>	<b>Signature of Notary Public</b>	
<b>Address of Notary Public</b>		
		<b>**Notary must also place embossed legal seal over their signature.</b>