

**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

| 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. | YES | NO |
|--|------------|-----------|
| 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: | | |

| DISCLOSURES | | |
|--|---|-----------|
| Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details on separate paper. | YES | NO |
| 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| Has your registration or licence to practice a health profession, including pharmacy, ever been revoked, suspended, restricted, or subject to individual terms or conditions by a regulatory authority in any jurisdiction in Canada or elsewhere?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? | | |
| I make this declaration conscientiously believing it to be true. | | |
| Signature of Applicant | Declared on this Date (YYYY / MM / DD) | |
| Declared in the City of | In the Province of | |
| Notary Public | | |
| Name of Notary Public | Signature of Notary Public | |
| Address of Notary Public | | |
| **Notary must also place embossed legal seal over their signature. | | |