

DEPARTMENT OF MEDICINE

Faculty of Medicine
University of Toronto

DECLARATION

1. Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No
2. Have you ever been convicted of any other offence (for which a pardon has not been granted) that may affect your eligibility for Ontario Educational registration? Yes No
3. Are there charges pending for an alleged offence that may affect your eligibility for Ontario Educational registration? Yes No

If yes, please provide details:

4. Have you ever been subject to a disciplinary hearing of a medical licensing authority? Yes No

If yes, please provide details:

5. Have you ever been denied licensure by a medical licensing authority or had such licensure revoked or limited? Yes No

If yes, please provide details:

6. Have you ever been disciplined, suspended or dismissed from an undergraduate or a postgraduate educational program? Yes No

If yes, please provide details:

I hereby certify that the information given on this form and attachments is true and complete. I understand that I shall be disqualified if information is withheld or false information has been provided and that any appointment already made or begun will be cancelled and all credit revoked.

SIGNED: _____ DATE: _____

PLEASE PRINT NAME: _____