

Self-Declaration Form
University of Alberta Faculty of Pharmacy & Pharmaceutical Sciences

Confidential

Name:	
Student Number:	
Telephone:	
Address:	

I, _____, a resident of _____, in the Province of _____, do hereby make the following declarations:

1. I am currently on suspension or in the past have been suspended from any post-secondary institution. Yes No
2. I am currently or have previously been the subject of disciplinary action at any post-secondary institution. Yes No
3. I am currently the subject of proceedings related to professional misconduct, incompetence or incapacity in relation to pharmacy or any other health profession in Alberta or in any other jurisdiction. Yes No
4. I have been the subject of a finding of professional misconduct, incompetence or incapacity in relation to pharmacy or any other health profession in Alberta or in any other jurisdiction. Yes No
5. I am the subject of a current proceeding or have previously been found guilty of an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs. Yes No
6. I am the subject of a current proceeding or have previously been found guilty of an offence under the *Criminal Code*, the *Controlled Drugs and Substances Act*, the *Food and Drugs Act*, or any other criminal or penal statute in a jurisdiction outside of Canada. Yes No
7. I am affected by physical or mental conditions that may impact my ability to practice pharmacy safely, including but not limited to drug or alcohol addictions. Yes No

I, _____, certify that the above information is accurate and truthful. I understand that if I have provided any false or misleading information on this declaration form, I may be required to withdraw from the Faculty of Pharmacy.

I further understand that the Faculty may require further information from me with respect to any of the statements above to which I have answered “yes” and that any such further information provided must be truthful and accurate. The Faculty may consider any further information provided in response to a “yes” answer in making a determination as to whether I am able to continue as a student in the Faculty of Pharmacy.

I further acknowledge that if my circumstances change and I would be required to answer “yes” to any of the above questions at any point after my admission to the Faculty of Pharmacy, I will immediately advise the Faculty of the same. My failure to do so may impact my ability to continue as a student in the Faculty. I also recognize that a “yes” answer to any of the above questions may impact my ability to progress in the Faculty of Pharmacy.

Signature: _____ Date: _____

Please return form by email:

University of Alberta
Faculty of Pharmacy & Pharmaceutical Sciences
Student Services
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studentservices-pharmacy@ualberta.ca