

* *CRIMINAL* refers to an offence or charge under the Criminal Code of Canada, or under another Federal statute (which includes drug, tax, customs and military laws), or foreign equivalent.

As medical students, you undertake significant portions of your education in settings with exposure to vulnerable populations. Returning medical students, and those visiting medical students doing a clinical elective at Schulich, are required to complete this Criminal Record Disclosure & Consent Form annually and provide to the UME office.

Student Name: _____ (print)

Student Number: _____

Year of Study: _____

DISCLOSURE

1. Have you been convicted of a criminal offence in Canada or elsewhere for which a pardon has not been granted?

YES NO

If the answer to this question is "YES", please provide the following information on the reverse side of this form for each charge: (a) Name of offence; (b) Date and place of conviction; (c) Sentence

2. Are there any criminal* charges pending against you? YES NO

If the answer to this question is "YES", please provide the following information on the reverse side of this form for each offence: (a) Name of offence, and details of charge.

3. Are you, or have you been, the subject of any disciplinary actions arising from previous or ongoing association with any professional body? YES NO

If the answer to this question is "YES", please provide information on the reverse side of this form.

CONSENT

If required by the Schulich School of Medicine & Dentistry (the School) in its discretion, I hereby consent and agree to apply for and obtain an appropriate criminal record check at my expense, and provide the written results of such a criminal record check to the School. I agree that the School, in turn, may be required to disclose the results of such a check to other institutions and organizations which are involved in my educational activities at the School and I consent to any such disclosure.

Student Signature: _____

Date of Signature: _____

Please note that the discovery of any information supplied on this form which is false or misleading, or any material information that has been concealed or withheld, may result in the revocation of registration.