

Declaration of Good Character, Code of Ethics and Declaration of Commitment

Regulated health professionals are expected to practice ethically and competently to protect the public interest. Section 4(1) 2-4; and 6 of the [Registration Regulation](#) addresses requirements with respect to applicant past and present conduct, character and competence.

Each applicant must complete a declaration of good character when applying for a certificate of registration as a student, intern, pharmacist or pharmacy technician.

Guidance for Completion of the Declaration Questions

Definitions have been provided to assist you in completing the declaration questions that follow. Please hover over the bolded terms for further information and carefully read and confirm your understanding of this information before you submit the declaration. Please review the [minor offences policy](#) for additional information before answering the questions.

Answering yes to a question does not necessarily mean you will be unable to pursue registration with the College - all of the circumstances will be considered individually. If in doubt, it is safer to report a concern than to risk failing to disclose information.

Declaration of Good Character

1. Have you ever been found **guilty** of a criminal **offence** or any other offence in Canada or any other country?
 Yes No
2. Are you currently **charged** with a criminal **offence** or any other offence in Canada or any other country?
 Yes No
3. Are you currently **the subject of an investigation, review or proceeding** with **respect to the practice of pharmacy** or any other profession or occupation in Canada or any other country?
 Yes No
4. Have you ever had a finding of **professional misconduct, incompetence** or **incapacity** with **respect to the practice of pharmacy** or any other profession or occupation in Canada or any other country?
 Yes No
5. Do you have a medical condition that could affect your ability to safely practice pharmacy? (examples: mental or physical illness, psychiatric disorder, addiction to drugs or alcohol, or any other condition)
 Yes No
6. While attending a post-secondary institution or completing any of the [registration requirements](#), have you ever been **suspended, expelled** or put on probation or had any other penalty for **academic misconduct** or any other form of misconduct?
 Yes No



I have sufficient knowledge, skills and judgement to competently engage in the practice of pharmacy authorized by the certificate of registration, for which I am applying.

I agree

I hereby declare that I will display an appropriately professional attitude, practice pharmacy with decency, honesty and integrity and in accordance with the law.

I agree

I agree and understand that as of the date of completion of this application, I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions on the declaration. I understand that this requirement will continue as long as I am registered with the College.

I agree

I hereby declare, as indicated by my agreement below, that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation with respect to my application, I shall be deemed not to have satisfied the requirements for a Certificate of Registration. I further understand and agree that if a Certificate of Registration is issued to me based upon a false or misleading statement or representation that Certificate is subject to immediate cancellation.

I agree

Code of Ethics - Declaration of Commitment

I acknowledge that I have read and understand the [Code of Ethics](#).

I agree

I commit to serve and protect my patients and society

In keeping this promise:

- *I will put my patients first.*
- *I will "do good" and benefit my patients and society.*
- *I will "do no harm" and, whenever possible, prevent harm from occurring.*
- *I will protect my patients' vulnerability and respect their rights as autonomous persons.*
- *I will act as a responsible and accountable fiduciary of the public trust.*
- *I will act with integrity and will honour the ideals, values and commitments of my profession.*
- *I will faithfully abide by my profession's Code of Ethics.*

I make this [commitment](#) as a healthcare professional to my patients, society, my profession and to myself. I declare my commitment

.....
Name (please print)

.....
Signature

.....
Date

If you do not understand the questions or require further clarification about any of the questions you may contact registrantservices@ocpinfo.com for assistance