



## AFFIDAVIT OF GOOD CHARACTER

I, \_\_\_\_\_, a resident of the

City/Town of \_\_\_\_\_, in the County of \_\_\_\_\_, in the Province of Ontario,

do hereby declare that I:

- have not been found guilty of an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or of any criminal offence
- am not the subject of a current proceeding relating to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or relating to any criminal offence
- have not been the subject of a finding of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction in relation to pharmacy or any other health profession and must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding in Ontario or any other jurisdiction in relation to pharmacy or any other health profession.

I further declare that I shall provide the Registrar with the details of any of the following that relate to me and that occur or arise after my registration:

- a charge relating to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or relating to any criminal offence
- a finding of guilt in relation to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs or in relation to any criminal offence
- a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession
- a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

I acknowledge that I shall be deemed to have not satisfied the requirement for a certificate of registration if I make a false or misleading statement or representation on my application.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of **The Canada Evidence Act.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature

<p>DECLARED before me at the City/Town of _____, in the County of _____, in the Province of Ontario, this _____ day of _____, A.D. (Year) _____</p>
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(Seal) A Notary Public AND/OR a Commissioner for Oaths and Affidavits