# FORM 7 – ACKNOWLEDGEMENT OF DUTY OF EXPERT WITNESS

**Discipline Committee of the
Ontario College of Pharmacists**

**IN THE MATTER OF** the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, as amended, and the regulations thereunder, as amended;

**AND IN THE MATTER OF** the *Pharmacy Act, 1991*, S.O. 1991, c.36, as amended, and the regulations thereunder, as amended;

**AND IN THE MATTER OF** the *Drug and Pharmacies Regulation Act,* R.S.O. 1990, c.H.4, as amended, and the regulations thereunder, as amended;

**AND IN THE MATTER** of allegations of proprietary/ professional misconduct/ incompetence referred by the Accreditation/ Inquiries, Complaints and Reports Committee to the Discipline Committee of the Ontario College of Pharmacists regarding *(Member’s Name)* .

**ACKNOWLEDGEMENT OF DUTY OF EXPERT WITNESS**

I, *(Name of Expert)*     , of the city of *(Name of City where expert resides)*     , in the province of *(Name of Province)*     , have been engaged by or on behalf of *(Name of Party)*     , to provide evidence in relation to a discipline proceeding regarding the above-noted member.

I acknowledge and agree that it is my duty to:

1. provide opinion evidence that is fair, objective and non-partisan;
2. provide opinion evidence related only to matters that are within my area of expertise; and
3. provide such assistance as the hearing panel may reasonably require to determine a matter at issue.

I acknowledge and agree that the duty referred to above prevails over any obligation I may owe to any party by whom or on whose behalf I have been engaged.

Date Signature of Expert