

APPLICATION FOR CERTIFICATE OF ACCREDITATION AS A HOSPITAL PHARMACY

DIRECTOR OF A CORPORATION DECLARATION OF GOOD CHARACTER

To complete Step 4 of the application evidence of good character is required of the Directors of the Corporation. In recognition of the complex nature of the Board of Directors of a hospital the College will consider the good character requirement to be fulfilled upon receipt of a duly executed Declaration of Good Character by the CEO* of the Hospital.

In my capacity as a director of the corporation (Corporation), I make the following declarations:

1. There are no outstanding proceedings where any allegation of improper business practice have been made against me in any jurisdiction, whether in relation to the operation of a pharmacy or any other regulated profession or business.
2. There are no completed proceedings where allegations of improper business practices were made against me, whether in relation to the operation of a pharmacy or any other regulated profession or business, other than a proceeding completed on its merits in which I was found not to have engaged in any improper business practice.
3. There is nothing in my past or present conduct that would provide reasonable grounds for the belief that the pharmacy would not be operated with decency, honesty and integrity and in accordance with the law.
4. I agree and understand that I am responsible for providing the Registrar with the details of any new information that should arise after the completion of this application that would change my response to any of the statements on this declaration. I understand that this requirement will continue even after the date the Certificate of Accreditation is issued.
5. I hereby declare, that the contents of this application including the statements contained herein 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 in respect of the application, the Corporation shall be deemed not to have satisfied the requirements for issuance of a Certificate of Accreditation. I further understand and agree that if a Certificate of Accreditation is issued based upon a false or misleading statement or representation, that Certificate of Accreditation may be revoked by the Registrar or the Accreditation Committee.

HOSPITAL NAME

SITE/LOCATION

DIRECTOR NAME (PLEASE PRINT)

DIRECTOR SIGNATURE

DATE SIGNED

*In accordance with Regulation 965 under the Public Hospitals Act, the CEO must be an ex-officio member of the Board.