



uOttawa

Clinical Placement Risk Management

**POLICE VULNERABLE SECTOR SCREENING
SELF-DECLARATION
FOR VISITING MEDICAL STUDENTS & CANADIANS STUDYING ABROAD**

Last name: _____	First name: _____
Student number: _____	Date of birth (yyyy/mm/dd): ____/____/____
Email: _____	Year of admission: _____

DISCLOSURE:

Please check off the appropriate boxes:

Have you had any of the following occurrences within Canada or elsewhere?

1. YES NO Convicted of a criminal offence for which a pardon has not been granted?

If "Yes", please provide the following information for each charge: (a) Name of offence; (b) Date and place of conviction; (c) Sentence.

2. YES NO Criminal charges pending against you?

By "criminal" we mean 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.

If "Yes", please provide the name of offence and details of the charge.

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

If "Yes", please provide particulars.

If you answered "YES" to either question, you must provide details on ALL incidents on a separate document and submit this by email to the Faculty of Medicine, Clinical Placement Risk Management (FoM CPRM) office at [VMS CSA Immunise@uottawa.ca](mailto:VMS_CSA_Immunise@uottawa.ca) within 5 days of completing the self-declaration.

I attest that the above information is correct and up to date. I understand that I am obligated to inform the FoM CPRM office should there be a change in my Vulnerable Sector Screening status during my attendance with the University of Ottawa.

Please note that the discovery of any information provided on this form to be false or misleading, or that information has been concealed or withheld may result in the revocation and/or denial of your application or elective.



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If required by the University, in its discretion, I hereby consent and agree to apply for and obtain an appropriate Vulnerable Sector Screening at my expense and provide the written results to the University. I agree that the University, in turn, may be required to disclose the information that I provide in connection with this form, or the information obtained because of such a screening to other institutions and organizations which are involved in and for the purposes of my educational activities while at the University.

Student Signature: _____ Date (yyyy/mm/dd): ____/____/____

Please include this completed form with your elective application.

Should you have any questions, please contact your FoM CPRM Advisor at VMS_CSA_Immunise@uottawa.ca.