



uOttawa

Clinical Placement Risk Management

**POLICE VULNERABLE SECTOR SCREENING  
SELF-DECLARATION  
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. Convicted of a criminal offence for which a pardon has not been granted?  YES  NO

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

2. Criminal charges pending against you?  YES  NO

By “criminal” we mean an offence or charge under the Criminal Code of Canada or under another federal statute (including drug, tax, customs, military laws) or their foreign equivalents.

**If yes**, please provide the name of offence and details of the charge.

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

**If yes**, please provide particulars.

**If you answered YES to any of the questions above, you must provide a detailed description of ALL incidents in a separate document and submit it by email to the Faculty of Medicine, Clinical Placement Risk Management (FoM CPRM) at [FoM\\_CPRM@uOttawa.ca](mailto:FoM_CPRM@uOttawa.ca) within 5 days of completing this self-declaration.**

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

Please note that if any information provided on this form is found to be false, misleading, or deliberately concealed or withheld, the consequences may include the cancellation of your elective.



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If required by the University, at 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 may disclose the information that I provide in connection with this form, or the information obtained from such a screening to other institutions and organizations 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 [FoM\\_CPRM@uOttawa.ca](mailto:FoM_CPRM@uOttawa.ca).