Applicant’s Declaration – uOttawa PGME DND-Sponsored Training Program

1. Have there ever been any disciplinary findings of guilt or sanctions made against you by a medical or other professional licensing authority?

   Yes / No

2. Have you ever been found unfit to practise medicine or had restriction placed upon your practice for cause by a medical regulatory body?

   Yes / No

3. Are you currently named in any unresolved complaints made to a medical regulator?

   Yes / No

4. Are you, or have you been, named in any civil suits related to the practice of medicine?

   Yes / No

5. Have you ever been found guilty of academic misconduct in medical school?

   Yes / No

6. Specify the date on which you last practised medicine in a clinical setting:

   Date (DD/MM/YYYY): ______________________

7. The University of Ottawa Family Medicine program requires you to drive to a variety of different locations for your training. Do you have a valid driver’s licence and an insured vehicle you can use for this purpose?

   Yes / No

Providing any misinformation on, or omitting information from, this Declaration will constitute sufficient cause for your application to be rejected, or, if you are a successful candidate, for your DND sponsorship and residency with the University of Ottawa to be terminated.

Applicant’s Name: ______________________________

Applicant’s Signature: __________________________

Date (DD/MM/YYYY): __________________________