



**DALHOUSIE
UNIVERSITY**

FACULTY OF MEDICINE

**DALHOUSIE UNIVERSITY FACULTY OF MEDICINE
LEARNER ATTESTATION REGARDING CRIMINAL AND
VULNERABLE SECTOR CHECKS
FOR VISITING MEDICAL STUDENTS**

Last name: _____ First name: _____
Date of birth (yyyy/mm/dd): _____/_____/_____ Email: _____
Year of admission: _____ Home University: _____

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 UGME electives coordinator CdnElectives@dal.ca within 5 days of completing this self-declaration.

I attest that I obtained a ***Criminal Record Check with Vulnerable Sector Screening***, upon entry to medical school or more recently. If my Criminal Record Check did not include a Vulnerable Sector Screening, I acknowledge that I am responsible for obtaining a Vulnerable Sector Screening at my expense, and provide the results to Dalhousie University.

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

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.

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 CdnElectives@dal.ca.

