**School of Medicine, Queen’s University**

**Criminal\* Record Disclosure and Consent Form**

As all medical students undertake significant portions of their education in settings with exposure to vulnerable populations, upon entry to the MD program students were required to complete and submit the results of a Vulnerable Persons Criminal Record Check. This form must be completed and signed as part of the first year registration process. Thereafter, returning medical students will be required to complete this Criminal Record Disclosure Form every year prior to registering.

|  |  |  |
| --- | --- | --- |
| Student Name | Student Number | Year of Study |
|  |  |  |

**Disclosure:**

1. Have you been convicted of a criminal\* offence in Canada or elsewhere for which a pardon has not been granted?

🞏 Yes

🞏 No

If the answer to this question is “Yes”, please provide the following information on the reverse side of this form for each charge:

(a) Name of offence

(b) Date and place of conviction

(c) Sentence

2. Are there any criminal\* charges pending against you?

🞏 Yes

🞏 No

If the answer to this question is “Yes”, please provide the following information on the reverse side of this form for each offence:

1. Name of offence, and details of 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 the answer to this question is “Yes”, please provide information on the reverse side of this form.

**Consent:**

If required by the Queen’s School of Medicine in its discretion, I hereby agree to apply for and obtain an official criminal record check at my expense, and provide the written results of such a criminal record check to the School of Medicine. I understand that the School may be required to disclose the results of such a check to other institutions and organizations, which are involved in my educational activities at the Faculty and I consent to any such disclosure.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*For the above, “criminal” refers to 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 you answer“yes” to question 1 or 2 you are strongly advised to consult with the College of Physicians and Surgeons of Ontario (416-967-2600). Medical school graduates with criminal records may not be eligible for registration to practice medicine in Canada*.

*Please note that the discovery that any information supplied on this form is false or misleading, or that any material information has been concealed or withheld may result in the revocation of registration in the MD program.*