



As a Physician Assistant student, you undertake significant portions of your education in settings with exposure to vulnerable populations. At the time of admission, you were required to complete and submit the results of a Vulnerable Sector Police Record Check, which is on file at the Enrolment Services Office. **As returning PA students, you are required annually to complete, sign and return this form to the UME Enrolment Services via ShareFile.**

**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.

**Deadline:** Please submit the completed form online, using [ShareFile](#), by **AUGUST 26, 2019.**

- Save your file as:** "Class – LastName, FirstName – CRD – 2019" (e.g. 2T0 – Smith, Mary – CRD – 2019)

**Notice of Collection**

The University of Toronto respects your privacy. The personal information provided on this form will be used by the administrative and student service offices at the Faculty of Medicine to administer your enrolment and program-related activities in the University of Toronto Physician Assistant Professional Degree Program.

The personal information provided on this form will only be used and protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about this policy and/or ShareFile, please contact Dr. Patricia Houston, Vice Dean, MD Program, at 1 King’s College Circle, Toronto, Ontario, M5S 1A8 or [registrar.medicine@utoronto.ca](mailto:registrar.medicine@utoronto.ca).

<b>SECTION 1: STUDENT INFORMATION</b>	
<b>Student Number:</b>	<b>Year of Study:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>
<b>Last Name:</b>	<b>First Name:</b>
<b>SECTION 2: DISCLOSURE</b>	
<p>1.    <b>Have you been convicted of a criminal offence in Canada or elsewhere for which a pardon has not been granted?</b>  <input type="checkbox"/> Yes                            <input type="checkbox"/> No</p> <p><b>If the answer to this question is "Yes", please provide the following information for each charge:</b>  (a) Name of offence;                            (b) Date and place of conviction; and                            (c) Sentence.</p>	
<p>2.    <b>Are there any criminal charges pending against you?</b>  <input type="checkbox"/> Yes                            <input type="checkbox"/> No</p> <p><b>If the answer to this question is "Yes", please provide the following information for each offence:</b>  (a) Name of offence, and details of charge.</p> <p><b>Attach the additional disclosures to this form and submit it in a sealed envelope marked CONFIDENTIAL to Dr. Patricia Houston, Vice Dean, MD Program.</b></p>	
<b>SECTION 3: ACKNOWLEDGMENT</b>	
<p>3.    I acknowledge that I must immediately self-report any new criminal charges or convictions to Dr. Patricia Houston, Vice Dean, MD Program.  <input type="checkbox"/> Yes                            <input type="checkbox"/> No</p>	
<b>SECTION 4: CONSENT</b>	
<p>If required by The Faculty of Medicine in its discretion, I hereby consent and agree to apply for and obtain an appropriate criminal record check at my expense, and provide the written results of such a criminal record check to the Faculty of Medicine. I agree that the Faculty, in turn, 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.</p> <p>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.</p>	
<b>Signature of student:</b> _____	<b>Date (yyyy-mm-dd):</b> _____