CRIMINAL* RECORD DISCLOSURE AND CONSENT FORM
Schulich School of Medicine & Dentistry, Western University

All medical students will interact with vulnerable populations through the course of their education. At the time of your admission to the MD Program at the Schulich School of Medicine & Dentistry, you were required to complete and submit the results of a Vulnerable Persons Criminal Record Check.

As returning medical students, this Criminal Record Disclosure and Consent form must be completed and signed as part of the registration process for the 2024/25 academic year.

Please submit this signed form by **August 15, 2024** to: ***Verified***

If you answer "yes" to question 1 or 2 below, 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 to receive registration (license) to practice medicine.

Print Name (Student): _____

Student Number: _____

Graduation Year: _____

Please complete both pages →

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Western

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 contact Learner Experience (519.661.4234) to request an appointment with the Assistant Dean, Learner Experience, Undergraduate Medicine

2. Are there any criminal* charges pending against you	Yes ☐ No ☐

If the answer to this question is "Yes", please contact Learner Experience (519.661.4234) to request an appointment with the Assistant Dean, Learner Experience, Undergraduate Medicine

CONSENT:

If required by the Schulich School of Medicine & Dentistry (SSMD) 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 Schulich School of Medicine & Dentistry, Learner Experience Office. I agree that the Schulich School of Medicine & Dentistry, 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 School.

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 and customs laws), or foreign equivalent.*

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.