



REGISTRATION OPERATIONAL POLICY

Criminal Record Check and Self-Declaration

Introduction

As set out in s. 4(l) (d) and (e) of the *Registration, Licensing and Professional Accountability Regulations* (RLPA), the Nova Scotia College of Pharmacists (NSCP) requires that individuals who wish to be a registrant provide a criminal record check that has been conducted within the three months preceding the NSCP receiving the complete application.

A criminal record check is a standard part of the licensure process of health care professionals and is meant to identify instances of relevant threats to the public that may warrant conditions or denial of licensure. It also supports the NSCP's due diligence in assessing an applicant's ability to practice pharmacy, competently, safely, and ethically.

Purpose

This policy sets out the conditions by which applicants are expected to meet the requirement to provide the results of a criminal record check conducted within the three months preceding the NSCP receiving the complete application by the NSCP under s. 4(l) (d) and (e) of the RLPA Regulations.

Policy

Applicants who are 18 years of age or older at time of registration

1.0 The applicant must provide a criminal record check using the services of a vendor identified by the NSCP and include local police information and international criminal record checks where applicable.

Applicants who are under 18 years of age at time of registration

2.0 In accordance with the *Youth Criminal Justice Act* (YCJA), a criminal record is not obtainable for applicants under the age of 18 years.



- 3.0 The applicant must submit a signed *Self-Declaration Form* (see Appendix A). The applicant is not obligated to disclose protected information under the YCJA but is required to self report at the time of registration any new charges outside the YCJA that could indicate regulatory or practice issues.
- 4.0 The applicant is required to submit a criminal record check in accordance with s. 1.0 of this policy at the time they apply for registration with the NSCP as a pharmacist or pharmacy technician.

Approved: July 2023



APPENDIX A: Self-Declaration Form

Applicants under the age of 18 years old must complete this form in place of a criminal record check.

Name of Applicant: _____

Full Mailing Address: _____

Have you been found guilty of a disciplinary offence in another jurisdiction or entered into a settlement agreement that included recognition of a disciplinary offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in breach of a settlement agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in violation of a practice limitation imposed under the Act or in another jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in violation of a licensing sanction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the subject of an investigation or disciplinary process in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your employment ever been terminated for cause related to the practice of pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, do you have the capacity, professional competence and character to safely and ethically practice pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you settled or lost a civil suit alleging professional negligence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that as of the date of completion of this form I am required to self-report any new charges outside of the <i>Youth Criminal Justice Act</i> that could raise regulatory or practice issues and that failure to do so could result in the suspension of the licence, denial of registration and I may be barred from future attempts to register with the College. I understand that this requirement will continue even after the date my certificate of registration is issued.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Self-Declaration

I (Name of Applicant) _____ declare that the contents of this declaration are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation in respect to my declaration, I shall be deemed not to have satisfied the requirements for a Certificate of Registration. I further understand and agree that if a Certificate of Registration is issued to me based upon a false or misleading statement or representation that my registration is subject to immediate cancellation.

Signature: _____ Date: _____