



As medical students 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 medical 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 29, 2016.**

- Upload to this ShareFile folder:** <https://utmed.sharefile.com/r/280aeb96e9404ba7>
- Save your file as:** "Class – LastName, FirstName – CRD – 2016" (e.g. 1T8 – Smith, Mary – CRD – 2016)

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 Doctor of Medicine 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 Janet Hunter, Director of Enrolment Services & Faculty Registrar, at 1 King's College Circle, Toronto, Ontario, M5S 1A8 or registrar.medicine@utoronto.ca.

SECTION 1: STUDENT INFORMATION	
Student Number:	Year of Study: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Last Name:	First Name:
SECTION 2: DISCLOSURE	
<p>1. Have you been convicted of a criminal offence in Canada or elsewhere for which a pardon has not been granted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is "Yes", please provide the following information for each charge:</p> <p>(a) Name of offence; (b) Date and place of conviction; and (c) Sentence.</p> <p>Attach it to this form and submit it in a sealed envelope marked CONFIDENTIAL to Janet Hunter, Director of Enrolment Services & Faculty Registrar.</p>	
<p>2. Are there any criminal charges pending against you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is "Yes", please provide the following information for each offence:</p> <p>(a) Name of offence, and details of charge.</p> <p>Attach it to this form and submit it in a sealed envelope marked CONFIDENTIAL to Janet Hunter, Director of Enrolment Services & Faculty Registrar.</p>	
SECTION 3: CONSENT	
<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>	
Signature of student: _____	Date (mm/dd/yyyy): _____