

Δ^ΑΡΡ.ο^κL9Δ·bΓ^

As part of the registration process of each academic year (Year 2, 3 and 4), continuing NOSM U MD students must complete, sign, and return the NOSM U Criminal Record Disclosure Form and the Consent and Authorization Form. Failure to complete and return the forms may result in the revocation of registration in the NOSM U MD program.

Each year as part of their course of study, medical students in the MD program administered by the Northern Ontario School of Medicine University (NOSM U) will participate in placements that involve clinical and personal interaction with members of vulnerable populations. These placements are administered by organizations that often require a criminal records background check, which was performed prior to the commencement of study with the NOSM U.

NOSM U requires each student to disclose whether they have been convicted or charged with a criminal offence following completion of the criminal records background check in order for the student to remain in the MD program and participate in placements. **This form must be completed and signed as part of the registration process of each academic year. Failure to complete the form may result in the revocation of registration in the NOSM U MD program.**

Please note that 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 (416-967-2603). Medical school graduates with criminal records may not be able to receive a license to practice medicine in Canada.

Please note that providing false or misleading information on this form, or concealing or withholding material information may result in the revocation of a student’s registration in the MD Program.

Student Name (First Name, Middle Name(s), Last Name):

Preferred **mailing address & telephone number** while attending NOSM for the 2023-2024 Academic Year:

Street Address:		
City:	Province:	Postal Code:
Telephone Number:		

Year of Study for 2023-2024 year: Year 4 Year 3 Year 2

Since completing the mandated Criminal Records Background Check upon admission to NOSM U;

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

Yes No

If the answer to this question is “Yes”, please provide additional documentation for each offense:

- a) Name of offense
- 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 additional documentation for each offense:

- a) Name of offense
- b) Details of charge

**For the purposes of this form, “criminal” refers to an offense or charge under the Criminal Code of Canada, or under another Federal statute (which includes drug, tax and customs laws), or an equivalent offence or charge under a foreign statute or law.*

Consent and Authorization

In connection with my continued participation in the MD Program administered by the Northern Ontario School of Medicine University (NOSM U), I understand and agree that the information provided on the Criminal Record Disclosure form (CRD Form), and inquiries further described herein, will result in the collection, use and disclosure of personal information about me and will result in NOSM U obtaining my criminal background information.

I hereby declare that to the best of my knowledge, the information I have provided on the CRD Form is complete and accurate in every respect. I understand that a false statement may result in the revocation of my registration in the MD Program. I further understand that this Consent and Authorization will be valid for the duration of my participation in the MD Program.

If required by NOSM U in its sole discretion, I hereby consent and agree to apply for and obtain a criminal records background search(es), at my sole expense, and provide the written results of such search(es) to NOSM U. I consent and authorize NOSM U to disclose the information contained in the CRD Form, and the results of any subsequent criminal record background check(s) to other institutions and organizations that are involved in my educational development and are associated with the MD Program, including, without limitation, hospitals, medical clinics, and other medical educational institutions. I understand and recognize that collection, use and disclosure of the information provided in the CRD Form and any subsequent criminal record search(es) is necessary for determining my suitability for placements and educational opportunities as provided by the MD Program.

I further undertake to inform the Office of Undergraduate Medical Education, NOSM U, of any changes or developments that relate to the information provided on the CRD Form as soon as it is known to me, including information regarding any criminal charges made against me during the course of the MD Program, and the details and results of each charge. I acknowledge that failure to report such information may result in the revocation of my registration in the MD Program.

Student Name

Signature (Original Signature Required)

Date of Signature (yyyy/mm/dd)

NOSM University (NOSM U) collects personal information for the purpose of administering learner programs including admissions, registration, academic advising, academic progression, University related student activities and services, information and library systems, financial accounts, assistance, awards and scholarships, graduation, university advancement, alumni relations, research, and statistical reporting to government agencies. Information may be shared with our Northern Community Hospitals and external governing agencies as required to administer learner programs. We always respect your privacy, and your information will be protected in accordance with the Freedom of information and Protection of Privacy Act. Direct any questions regarding this collection to NOSM U's Office of the Registrar at records@nosm.ca.