



Department of  
Family Medicine

**Applicant's Declaration - PGME Queen's DND-Sponsored Training Program**

1. Have there ever been any disciplinary findings of guilt or sanctions made against you by a medical or other professional licensing authority?

**Yes / No**

2. Have you ever been found unfit to practise medicine or had restriction placed upon your practice for cause by a medical regulatory body?

**Yes / No**

3. Are you currently named in any unresolved complaints made to a medical regulator?

**Yes / No**

4. Are you, or have you been, named in any civil suits related to the practice of medicine?

**Yes / No**

5. Have you ever been found guilty of academic misconduct in medical school?

**Yes / No**

6. Specify the date on which you last practised medicine in a clinical setting:

**Date (DD/MM/YYYY):** \_\_\_\_\_

7. The Queen's University Family Medicine program requires you to drive to a variety of different locations for your training. Do you have a valid driver's licence and an insured vehicle you can use for this purpose?

**Yes / No**

Providing any misinformation on, or omitting information from, this Declaration will constitute sufficient cause for your application to be rejected, or, if you are a successful candidate, for your DND sponsorship and residency with Queen's to be terminated.

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Applicant's Name

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Applicant's Signature

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Date