

## UNDERTAKING RESPECTING CRIMINAL RECORD CHECK

I, \_\_\_\_\_, an applicant for registration with the College of Physicians and Surgeons of Manitoba (CPSM) understand and acknowledge that:

- (a) for registration with the CPSM, I am required to provide a:
  - i. Criminal Record Check  
of which must be satisfactory to the CPSM;
- (b) for the purposes of my application for registration with the CPSM, Criminal Record Check means a record, that is obtained from a law enforcement agency which states whether I have any conviction or outstanding charge awaiting court disposition under any federal, provincial, or territorial enactment, and the details of any conviction or charge; and
- (c) I have submitted a request for the required a Criminal Record Check but the report from this request has not yet been received.

I therefore request that the CPSM issue registration on the basis of my representation that my Criminal Record Check, <http://www.winnipeg.ca/police/pr/pic.stm#vulnerable> is clear, meaning there will be no entry on the report to be provided. I understand that my certificate of practise and registration with the CPSM will be subject to immediate cancellation if this report is not satisfactory to the CPSM.

I hereby state that I requested the required report on or about the following date at the agency identified:

- (a) Date and Location for Criminal Record Check \_\_\_\_\_

I am aware that I have the right to seek legal advice with respect to this agreement. I am signing this agreement voluntarily and understand that the CPSM is relying on it to facilitate my registration in advance of receipt of a satisfactory Criminal Record Check.

Signed by me in the City of \_\_\_\_\_, in the Province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

\_\_\_\_\_  
SIGNATURE OF APPLICANT