



POLICE INFORMATION CHECK & VULNERABLE SECTOR SEARCH

NOTICE REGARDING NOT CLEAR RESULTS:

Consent for Collection, Use and Disclosure of Cumming School of Medicine MD Program Security Check Information

I, _____ have been accepted into the Cumming School of Medicine MD Program at the University of Calgary and I consent to the Cumming School of Medicine Undergraduate Medical Education department collecting, using and disclosing my Security Check which consists of:

1. Police Information Check and
2. Vulnerable Sector Search

Results for the purpose as described in this consent.

I understand that if the Cumming School of Medicine Security Check has been returned as “not clear”, UME may disclose this information to the College of Physicians and Surgeons of Alberta (CPSA).

I consent to UME collecting, using and disclosing the Security Check to the CPSA.

I understand and agree that if I do not provide my consent, that my admittance to the MD Program may be rescinded or suspended.

I confirm that before giving my consent, I had the opportunity to ask questions about the collection, use and disclosure of the information and all questions have been answered to my satisfaction.

I am aware of the reasons why collection, use and disclosure of the information is needed and am aware of the risks and benefits of consenting, or refusing to consent, to the collection, use and disclosure of the information.

I understand that I can withdraw my consent at any time and confirm that if I wish to do so, I must notify the UME office in writing.

I hereby declare that I have read the foregoing and I fully understand the nature and effect of signing this consent.

Print name: _____ Signature: _____

Date (mm/dd/yyyy): _____