



# College of Podiatric Surgeons of British Columbia

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## Statutory Declaration – FORM 3

I, \_\_\_\_\_, of \_\_\_\_\_  
Name Address

In the city of \_\_\_\_\_, in the Province of British Columbia do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act, R.S.B.C. 1996, c. 183, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:  
\_\_\_\_\_  
\_\_\_\_\_
2. My past conduct does not demonstrate any pattern of incompetency or untrustworthiness which would make registration contrary to the public interest.
3. I am a person of good character.
4. My entitlement to practise Podiatry or any other health profession has not been limited, restricted or subject to conditions in any jurisdiction at any time, except as follows:  
\_\_\_\_\_  
\_\_\_\_\_
5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise podiatry or any other health profession in that jurisdiction, except as follows  
\_\_\_\_\_  
\_\_\_\_\_
6. I have read the *Health Professions Act* and the regulations and bylaws of the *College of Podiatric Surgeons of British Columbia* made under that Act.
7. I will practise at all times in compliance with the Health Professions Act and the regulations and bylaws of the College of Podiatric Surgeons of British Columbia made under that Act.

And I make this solemn declaration, conscientiously believing it to be true and know that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Podiatrist Signature

\_\_\_\_\_  
Date

Declared before me at: \_\_\_\_\_, in the City of \_\_\_\_\_,

And the Province of British Columbia, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
month year

Signature and Seal: \_\_\_\_\_

(Judge, Notary Public, Justice of the Peace or Commissioner authorized to take such Affidavits)