

UNDERTAKING RESPECTING CHILD & ADULT ABUSE REGISTRY CHECKS

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. Child Abuse Registry Check, and
- ii. Adult Abuse Registry Check,

all of which must be satisfactory to the CPSM;

(b) for the purposes of my application for registration with the CPSM, I have submitted requests for the required Child Abuse Registry Check and Adult Abuse Registry Check, but one or more of the reports from these requests have not yet been received.

I therefore request that the CPSM issue registration on the basis of my representation that my Child Abuse Registry Check, and Adult Abuse Registry Check <https://www.gov.mb.ca/fs/abuseregistries.html> are clear, meaning there will be no entry on any of the reports to be provided. I understand that my certificate of practise and registration with the CPSM will be subject to immediate cancellation if any of these reports are not satisfactory to the CPSM.

I hereby state that I requested the required reports on or about the following dates at the agencies identified:

(a) Date and Location for Child & Adult Abuse Registry Checks _____

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 Child and Adult Abuse Registry Checks.

Signed by me in the City of _____, in the Province of _____, this _____ day of _____ 20____ .

SIGNATURE OF APPLICANT