



HUMAN PATHOGENS AND TOXINS ACT (HPTA) SECURITY CLEARANCE APPLICATION FORM -

PRIVACY NOTICE STATEMENT

The personal information you provide to the Public Health Agency of Canada (PHAC) and Health Canada (HC) is governed in accordance with the *Privacy Act*. We only collect the information we need to administer the Human Pathogens and Toxins Act Security Clearance program, authorized under the *Human Pathogens and Toxins Act* (HPTA) and *Human Pathogens and Toxins Regulations* (HPTR). The information on this form, including supporting documentation (HPTA Security Clearance Endorsement form), is required by PHAC and HC to conduct the HPTA Security Clearance authorized under sections 33 to 35 of the HPTA and sections 11-22 of the HPTR. The information collected by the PHAC and HC will be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS) to conduct the requisite checks and/or investigations. If applicable, the PHAC and HC may also conduct verifications with the following parties to confirm that the information provided in this application is accurate, specifically, other institutions that you referenced in your application form, including: federal government departments; governments and law enforcement agencies of foreign states; educational institutions; past or current landlords or employers. The information will be retained for at least 10 years after the day on which the information is collected. In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the *Privacy Act* or section 39 of the HPTA. The information is required to conduct the relevant checks and verifications relating to the application. Failure to provide the information will disqualify this application from consideration. Instructions for obtaining your personal information are provided in Info Source, a copy of which is available in major public and academic libraries or on line at <http://www.infosource.gc.ca>. Refer to the personal information bank PHAC PPU 306 (Personnel Security Screening). In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correct your personal information. For more information about these rights, or about our privacy practices, please contact the Public Health Agency of Canada's Privacy Management Division at 613-954-9165 or Privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

If not completed electronically, please write in block letters using black ink.

A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)			
<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Update	HPTA Security Clearance File Number	File Code HPTA
Date received	<input type="checkbox"/> Recommended Issue date: Expiry date:	<input type="checkbox"/> Not Recommended Date of recommendation:	

B REQUIREMENTS CHECKLIST (To be completed by the applicant)
The following must be submitted to the Public Health Agency of Canada and Health Canada with this application:
<ul style="list-style-type: none"><input type="checkbox"/> Signed and dated HPTA Security Clearance Endorsement Form.<input type="checkbox"/> If born in Canada, a copy of the applicant's government-issued birth certificate. If applicable current spouse/common-law partner of applicant is Canadian-born, a copy of their birth certificate.<input type="checkbox"/> A copy of each of two pieces of valid government-issued identification, one of which must have photo identification.<input type="checkbox"/> Fingerprints taken and submitted by one of the following: (i) a Canadian police force; (ii) a private company that accredited by the Royal Canadian Mounted Police to submit fingerprints to it for the purpose of a criminal record check; or (iii) a department or agency of the Government of Canada. The list of accredited fingerprint companies can be found at: http://www.rcmp-grc.gc.ca/cr-cj/acc-eng.html. These entities, as well as Canadian police forces, will submit fingerprints on your behalf directly to the RCMP.<input type="checkbox"/> If applicant is not a Canadian citizen or permanent resident of Canada, submit the following documents with this application:<ul style="list-style-type: none">(i) a copy of their <i>curriculum vitae</i> that sets out their professional qualifications and work history;(ii) a valid visa, if applicable; and(iii) the results of a police record check from every jurisdiction where the applicant has lived during the past five years, if that jurisdiction provides police record checks.



C BIOGRAPHICAL INFORMATION (To be completed by the applicant)					
1. Surname (Last name)			2. Full given names (no initials). Underline or circle name used		
3. Surname at birth			4. All other names used (e.g. any nicknames)		
5. Name change (other than marriage, if applicable)					
From			To		Date
Place of name change					
City		Province/State		Country	
6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Physical Appearance			
		Eye Colour	Hair Colour	Height (cm/in)	Weight (kg/lb)
8. Date of birth			9. If born in Canada, Birth Certificate Number (copy attached)		
YYYY	MM	DD			
10. Place of birth					
City		Province/State		Country	
11. If born outside of Canada					
Port of Entry into Canada			Date of Entry into Canada		
			YYYY	MM	DD
12. If Naturalized Canadian citizen or permanent resident of Canada, provide applicable certificate number issued under the <i>Citizenship Act</i> or the <i>Immigration and Refugee Protection Act</i>					
13. Primary e-mail address			14. Other e-mail address(es)		
15. Home telephone number ()		16. Work telephone number ()		17. Other telephone number(s) (e.g. cellular) ()	



D SECURITY SCREENING	
1. Have you previously been issued a Government of Canada security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide:
	2. Name of department/agency/organization
	3. Year of issuance

E MARITAL STATUS/Common-LAW PARTNERSHIP	
Current Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
1	CURRENT SPOUSE/Common-LAW PARTNER (if applicable)
	A) Surname (Last name)
	B) Given names
	C) All other names used and details of name changes, if applicable
	D) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	E) Date of Birth YYYY MM DD
	F) If born in Canada, Birth Certificate Number (copy attached)
	G) Place of birth City Province/State Country
	H) If born outside of Canada Port of Entry into Canada Date of Entry into Canada YYYY MM DD
	I) If Naturalized Canadian citizen or permanent resident of Canada, provide applicable certificate number issued under the <i>Citizenship Act</i> or the <i>Immigration and Refugee Protection Act</i>
J) Current address, if known (apartment number, street number, street name, civic number (if applicable), city, province or state, and country)	
2	FORMER SPOUSE/Common-LAW PARTNER (if applicable, previous five years only)
	A) Surname (Last name)
	B) Given names
	C) All other names used and details of name changes, if applicable
	D) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	E) Place of birth City Province/State Country
	F) Date of Birth YYYY MM DD
G) Date of death, if applicable YYYY MM DD	



	H) Current address, if known (apartment number, street number, street name, civic number (if applicable), city, province or state, and country)
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F RESIDENCE (there should be no gaps)									
List addresses where you have lived during the last 5 years, starting with the most current (Rural address to include lot and civic number.)									
1	Apartment number	Street number	Street name		Civic number (if applicable)	From YYYY MM		To Present	
	City		Province or state		Postal Code	Country		Telephone number ()	
2	Apartment number	Street number	Street name		Civic number (if applicable)	From YYYY MM		To YYYY MM	
	City		Province or state		Postal Code	Country		Telephone number ()	
3	Apartment number	Street number	Street name		Civic number (if applicable)	From YYYY MM		To YYYY MM	
	City		Province or state		Postal Code	Country		Telephone number ()	
4	Apartment number	Street number	Street name		Civic number (if applicable)	From YYYY MM		To YYYY MM	
	City		Province or state		Postal Code	Country		Telephone number ()	
5	Apartment number	Street number			Civic number (if applicable)	From YYYY MM		To YYYY MM	
	City		Province or state		Postal Code	Country		Telephone number ()	



G EMPLOYMENT (see instructions for self-employed and consultants) (there should be no gaps)				
List the employers you have worked for and/or post-secondary institutions you have attended in the last 5 years, starting with the most current. Include times of unemployment, if applicable.				
1	A) Name of employer or educational institution (specify if employee or student). Do not use initials.	B) From		To
		YYYY	MM	Present
C) Address of employer or educational institution (street number, street name, civic number (if applicable), city, province or state, and country)				
2	A) Name of employer or educational institution (specify if employee or student). Do not use initials	B) From		To
		YYYY	MM	YYYY MM
C) Address of employer or educational institution (street number, street name, civic number (if applicable), city, province or state, and country)				
3	A) Name of employer or educational institution (specify if employee or student). Do not use initials	B) From		To
		YYYY	MM	YYYY MM
C) Address of employer or educational institution (street number, street name, civic number (if applicable), city, province or state, and country)				
4	A) Name of employer or educational institution (specify if employee or student). Do not use initials	B) From		To
		YYYY	MM	YYYY MM
C) Address of employer or educational institution (street number, street name, civic number (if applicable), city, province or state, and country)				
5	A) Name of employer or educational institution (specify if employee or student). Do not use initials	B) From		To
		YYYY	MM	YYYY YYYY
C) Address of employer or educational institution (street number, street name, civic number (if applicable), city, province or state, and country)				

H TRAVEL							
List countries visited within the last 5 years for personal travel and/or non-Government of Canada business travel outside your country of residence for periods longer than 90 days.							
Destination	Purpose of travel	From			To		
		YYYY	MM	DD	YYYY	MM	DD
1.							



2.			
3.			
4.			
5.			

I

CONSENT AND CERTIFICATION

Knowingly providing misleading or false information on this application may result in a refusal or cancellation of the HPTA Security Clearance.

For HPTA Security Clearance purposes, I consent to the disclosure by the Public Health Agency of Canada (PHAC) and Health Canada of any and all information provided by me in support of this application to the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), and any law enforcement agencies, such as any Canadian police force. My information may also be disclosed to other federal government departments; governments and law enforcement agencies of foreign states; credit bureaus (e.g. Equifax); educational institutions; and past or current landlords or employers to verify that the information provided in the HPTA Security Clearance application is accurate. Without limiting the generality of the foregoing, this includes information relating to my date of birth, education, residential history, employment history, and immigration and citizenship status in Canada. I also consent to the disclosure and use of my fingerprints and facial images for identification purposes.

I further authorize PHAC and Health Canada to seek, verify, assess, collect, and retain any and all information relevant to this security clearance application, including information in my criminal record and any other information contained in law enforcement records, including information gathered for law enforcement purposes and information regarding my immigration and citizenship status, as well as any and all information that will facilitate the conduct of a security assessment.

I further authorize any and all Canadian or foreign law enforcement agency—such as any Canadian or foreign police force—or any person or organization, whether public, parapublic, private, or governmental to check, and release to Health Canada, PHAC, CSIS, or the RCMP, all of my criminal history, charges, court orders, and any other information contained in any accessible records and databases under their control. I understand that this consent also authorizes any Canadian or foreign law enforcement agency—such as any Canadian or foreign police force—or any person or organization, whether public, parapublic, private, or governmental to release to Health Canada, PHAC, CSIS, or the RCMP any information enabling investigation of my associates and thus enabling determination of whether I am of good character.

This consent is given solely for HPTA Security Clearance purposes. Unless withdrawn by me with notification in writing to the Public Health Agency of Canada, this consent shall remain valid to conduct all relevant verifications, assessments, or investigations specified above, and any subsequent verification or update.

I certify that all the information I have provided in this application, including any supporting documentation is true and correct to the best of my knowledge and belief.

Applicant Signature _____ Date _____
(YYYY-MM-DD)



INSTRUCTIONS FOR COMPLETION OF HPTA SECURITY CLEARANCE APPLICATION FORM

GENERAL INSTRUCTIONS:

- Should clarification be required, an official from the Canadian Government may contact the applicant to obtain any additional information necessary to complete the security screening investigation. An interview of the applicant may also be requested.
- This form is to be completed using an automated system or printed in block letter format using black ink.
- Please read and follow these instructions carefully.
- It is important that a copy of the completed application be retained by the applicant for future reference.
- Incomplete or illegible forms will NOT be considered and will be sent back for clarification.
- All names are to be provided in full (no initials).
- Addresses are to include, where applicable, civic or township name and the lot and concession numbers.
- If information is not known or is unavailable please indicate this on the form and on a separate sheet of paper explain the cause of circumstances.
- All dates are to be entered as YEAR - MONTH - DAY as applicable.
- If space allotted in any portion of the form is insufficient please use a separate sheet of paper using the same format.
- Once completed, this application form will be handled as PROTECTED A information.

DETAILED INSTRUCTIONS:

SECTION A: Administrative Information

- To be completed by the department, agency, or organization.

SECTION B: Requirements Checklist

- To be completed by applicant. All required additional documentation must be submitted with the application, either electronically or by regular mail.
- Non-Canadian citizen or permanent residents: photo identification provided must be a valid passport issued by country of citizenship.

SECTION C: Biographical Information

- To be completed by applicant.
- Section 12 - If naturalized Canadian citizen or permanent resident of Canada, provide applicable certificate number issued under the *Citizenship Act* or the *Immigration and Refugee Protection Act*.

SECTION D: Security Screening

- To be completed by applicant.

SECTION E: Marital Status/Common-law Partnership

- To be completed by applicant.
- "Common-law partner", in relation to an applicant, means a person who is cohabiting with the individual in a conjugal relationship, having so cohabited for a period of one year. This includes persons of the same sex.
 1. Include current spouse or common-law partner, as applicable.



2. Include previous spouses or common-law partners for the previous five years only. If deceased, indicate last address while living.

SECTION F: Residence

- To be completed by applicant.
- Addresses must cover the last five (5) years from date of application and should contain no gaps.
- Record current address first.
- For rural areas, indicate civic number or lot, concession and township number.

SECTION G: Employment

- To be completed by applicant.
- Employment history must cover the last five (5) years from date of application. Include periods of time at school or unemployment to ensure no gap in the five year period.
- Record your current employment first, note that it may be necessary to contact your current employer.
- Full name and full address of employer/educational institution is required. No initials.
- Indicate if you are/were an employee or a student.

If you are self-employed or a consultant, or have been self-employed or a consultant in the previous five years, provide the following:

- Name of employer. Give your business name; if not applicable, give your name.
- 'From' and 'To' dates
- Business Address

SECTION H: Travel

- To be completed by applicant.
- Provide the destination, purpose of travel, and dates of any travel of 90 days or more outside your country of residence during the five (5) years preceding the application. This excludes travel for Government of Canada business.

SECTION I: Consent and Certification

- To be signed and dated by the applicant.

Send completed forms and required documentation to:

PHAC.HPTA.Screening-LAPHT.filtrage.ASPC@hc-sc.gc.ca

OR

51 Chardon Driveway, Tunney's Pasture
Ottawa, ON
K1A 0K9
Mail Stop: 1701 B
Region: NCR