



## NOTIFICATION OF CRIMINAL OFFENCE FORM

SEE INSTRUCTIONS ON PAGE TWO

### PRIVACY NOTICE

The information on this form is required for the purpose of administering the *Human Pathogens and Toxins Act* (HPTA) Security Clearance program. It is collected under the authority of sections 19 and 20 of the *Human Pathogens and Toxins Regulations* (HPTR) to inform the Minister of Health, in writing and without delay, that a holder of an HPTA Security Clearance has been found guilty of a criminal offence(s), for which they have not been granted a pardon, after the issuance of their HPTA Security Clearance. The information on this form is protected by the provisions of the Privacy Act. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold an HPTA Security Clearance. The information collected by the Public Health Agency of Canada (PHAC) and Health Canada (HC) may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigations in accordance with the HPTA Security Clearance, and to entities outside the federal government (e.g. credit bureaus). It is used in the context of updating, and/or reviewing for cause, an individual's eligibility to hold an HPTA Security Clearance, which may lead to a re-assessment of that individual's HPTA Security Clearance. Information collected by the PHAC and HC, and information gathered from the requisite checks and/or investigations may be used to support decisions, which may impact the eligibility to hold an HPTA SC.

In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act. The information will be retained for at least 10 years after the day on which the information is collected, and must be provided to the Minister of Health on request. 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). 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](mailto: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)**

Date received

### **B HPTA SECURITY CLEARANCE HOLDER INFORMATION**

1. Surname, Given Name of HPTA Security Clearance Holder		2. HPTA Security Clearance File Number	
3. Criminal Conviction			
(a) Charge			
(b) Country/Jurisdiction		(c) Date of verdict	
		Year YYYY	Month MM Day DD
(d) Sentence (list any and all conditions, if applicable)			
4. Criminal Conviction ( <b>only complete if multiple convictions</b> )			
(a) Charge			
(b) Country/Jurisdiction		(c) Date of verdict	
		Year YYYY	Month MM Day DD



(d) Sentence (list any and all conditions, if applicable)

*I certify that the above information is accurate and complete.*

\_\_\_\_\_  
*Signature of HPTA Security Clearance holder*

\_\_\_\_\_  
*YYYY-MM-DD*

## **Instructions for Completion of the Notification of Criminal Offence form**

### **GENERAL INSTRUCTIONS:**

- 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 form 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).
- Once completed, this application form will be handled as PROTECTED B information.

### **DETAILED INSTRUCTIONS:**

#### **SECTION A: Administrative Information**

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

#### **SECTION B: HPTA Security Clearance Holder Information**

- To be completed, signed and dated by the HPTA Security Clearance holder.
- 3-4. "Criminal Conviction" (if insufficient space, attach a separate piece of paper using similar formatting)
  - Indicate all conviction(s) for which the holder of an HPTA Security Clearance has been found guilty of a criminal offence(s), for which they have not been granted a pardon, after the issuance of their HPTA Security Clearance.

Send completed forms 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