



**Declaration by a candidate in a profession  
governed by a professional order**

I, the undersigned, \_\_\_\_\_,  
a \_\_\_\_\_ by profession, hereby declare that:

- I have taken notice of the access conditions to the professional order that governs the practice of my profession in Québec;
- I understand that the issuance of a Québec Selection Certificate in no way assures that I will be authorized to practice my profession in Québec;
- I am aware that I will have to submit to the requirements of the professional order that governs the practice of my profession and that I may not meet the standards established by the order, or that I may only partially meet them;
- I am aware of the difficulties I may encounter in becoming qualified or in upgrading my qualifications to meet the standards established by the order, so as to gain eligibility to practice my profession in Québec.

Signed in \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Applicant's signature

**Please sign and return this declaration with your file.**