

I, the undersigned, _____, a _____
Name of the candidate Profession

by profession or training, hereby declare that:

- I have taken note of the access conditions to the professional order that governs the practice of my profession in Québec, as set forth in the file entitled *Exercer la profession*, which can be downloaded from the following website:

www.immigration-quebec.gouv.qc.ca/en/employment/regulated-professions/professional-order.html

- I have been informed that I may encounter difficulties in meeting the requirements for obtaining a license to practice my profession in Québec, or that I may not meet these requirements.

I understand that:

- obtaining a Québec Selection Certificate (CSQ) does not in any way guarantee that I will be authorized to practice my profession in Québec;
- the degree earned in my own country or in another country, or the license to practice issued in my own country or in another country or in another Canadian province or territory does not automatically give me the right to practice my profession in Québec;
- in order to practice my profession in Québec and use the professional title, I must obtain a license to practice from the professional order that governs the practice of my profession in Québec;
- in order to obtain this license, I must submit to the requirements established by this organization and the government of Québec, and that I may not meet these requirements or may only partially meet them;
- I may have difficulty obtaining access to complementary training in order to meet the standards established by this professional order and the government of Québec in order to eventually obtain the right to practice my profession in Québec;
- in order to practice my profession in Québec, I must have an appropriate level of knowledge of the French language, pursuant to Article 35 of the Charter of the French Language;
- as soon as possible, I must contact the professional order that governs the practice of my profession in Québec if I intend to practice my profession in Québec.

Signed in _____ on _____
City Date

Applicant's signature

Please sign the original and return it with your application. Keep a copy for your records.