



CAPACITY ASSESSMENT OFFICE (CAO)
OFFICE OF THE PUBLIC GUARDIAN AND TRUSTEE
MINISTRY OF ASSISTED LIVING AND SOCIAL SERVICES

Designated Capacity Assessor Declaration and Consent

Pursuant to sections 7(2) and (3) of the Adult Guardianship and Trusteeship Regulation (AGTR) the Minister of Seniors, Community and Social Services (Minister) may designate a person, and revoke the designation of a person, as a capacity assessor in accordance with the *Adult Guardianship and Trusteeship Act*. Those sections read as follows:

7(2) The Minister may designate a person as a capacity assessor if the person

- (a) is a regulated member of a college of a health profession listed in [section 6\(c\)](#) to (f),
- (b) has successfully completed a course for capacity assessors referred to in [section 8](#), and
- (c) meets any other requirements set by the Minister.

7(3) The Minister may revoke the designation of a person who is designated as a capacity assessor under subsection (2)

- (a) if the Minister is satisfied that the person is no longer conducting capacity assessments,
- (b) if the Minister is satisfied that the person is not conducting capacity assessments in accordance with the Act and the regulations, or
- (c) for any other reason that the Minister considers warrants the revocation of the person's designation as a capacity assessor.

I, _____, hereby declare and consent to the following:

- I am a regulated member of a college of a health profession listed in sections 6(c) to (f) of the AGTR and have provided confirmation of my membership status to the Minister through the CAO for the purpose of determining whether the Minister should designate me as a capacity assessor.
- My practice permit, as a regulated member of a college of a health profession:
 - Has NOT been suspended or cancelled at any time.
 - HAS been suspended or cancelled at some time. Please explain:



**CAPACITY ASSESSMENT OFFICE (CAO)
OFFICE OF THE PUBLIC GUARDIAN AND TRUSTEE
MINISTRY OF ASSISTED LIVING AND SOCIAL SERVICES**

- I will immediately notify the CAO, and I understand the Minister may revoke my designation as a capacity assessor, if any of the following occur:
 - my practice permit, as a regulated member of a college of a health profession, has been suspended or cancelled;
 - I have been notified by the complaints director that an investigation into my professional conduct is being conducted under section 61(1) of the *Health Professions Act* (HPA);
 - conditions have been imposed on my practice permit under section 65(1)(a) of the HPA; or,
 - I have submitted a written admission of unprofessional conduct under section 70(1) of the HPA.
 - I have been charged or convicted of an offence. In this statement “offence” means an offence created under the Criminal Code of Canada and /or the Controlled Drugs and Substances Act.

- I understand a competency review of my designation as a capacity assessor will be completed every two years on the anniversary of my designation. To maintain my designation, I am required to meet certain competency standards including, but not limited to, the completion of a minimum of three capacity assessments since my last competency review. I understand any documents required as part of this competency review must be submitted to the CAO no later than 14 business days prior to the anniversary date of my designation. I understand the Minister may revoke my designation as a capacity assessor if I do not meet the competency standards or do not submit the documents required as part of this competency review.

- I understand the Minister may revoke my designation as a capacity assessor if I intentionally withhold information or give false or incomplete information.

- I authorize the CAO to request, and consent to the college of a health profession of which I am a regulated member providing to the CAO, information about my membership status and any information about my professional conduct under Part 4 of the HPA, for the purpose of determining whether the Minister should designate me as a capacity assessor or revoke my designation as a capacity assessor. I understand the CAO may, periodically, verify my membership status or request information about my professional conduct under Part 4 of the HPA. I understand I may withdraw my consent, in writing, at any time. I further understand if I withdraw my consent the Minister may revoke my designation as a capacity assessor.

Capacity Assessor Printed Name

Capacity Assessor Signature



**CAPACITY ASSESSMENT OFFICE (CAO)
OFFICE OF THE PUBLIC GUARDIAN AND TRUSTEE
MINISTRY OF ASSISTED LIVING AND SOCIAL SERVICES**

Professional Practice Registration Number: _____

Date