**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Tribunal File No.:** Insert No.

College of Physicians and Surgeons of Ontario

**College**

- and -

Dr. [First Name] [Last name]

**Member**

# ACKNOWLEDGEMENT OF DUTY

## By Witness Retained as an Expert Witness in an OPSDT Proceeding

1. My name is Full name of witness. I live in Enter name of city, in the Choose province or state of Enter name of province or state.
2. I have been engaged by or on behalf of Enter name of party to provide evidence in relation to a hearing before the OPSDT.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
	1. To provide opinion evidence that is fair, objective and non-partisan;
	2. To provide opinion evidence that is related only to matters that are within my area of expertise;
	3. To provide such additional assistance as the panel may reasonably require, to determine a matter in issue.
4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

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| --- | --- | --- |
| Enter a date |  |  |
| Date |  | Signature |
| NOTE: This form must be attached to any report signed by the expert and provided for the purpose of Rule 12.05(3) of the Rules of Procedure of the Ontario Physicians and Surgeons Discipline Tribunal. |