

January 11, 2019

Gary Srebrolow
D: 416-597-4875 F: 416-594-2445
gsrebrolow@blaney.com

By Courier

Personal and Confidential

Attention: Ann Atkinson, Investigator
The College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario M5G 2E2

Dear Ms. Atkinson:

**Re: AA/1103965 - Ms. Warkaa Al-Shukrii
Misuse of the Title "Doctor" and/or "MD"**

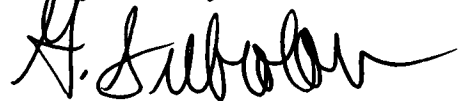
We have been retained by **Ms. Warkaa Al-Shukrii** to assist her in responding to a letter she received from the CPSO, dated November 29, 2018, regarding the Misuse of the Title "Doctor" and/or "MD".

In the letter, you request that she sign an Undertaking and she has agreed to do so - a copy of the original signed Undertaking is enclosed and a copy was sent to you by email on January 11, 2019. As you will see, she is willing to abide by all the terms and therefore, has not requested any changes be made in the Undertaking - she has signed it as is.

We have also sent you by email on January 11, 2019 a letter from Ms. Al-Shukrii in which she provides context, explanation and an apology for what occurred. As you will see, she regrets and is a disappointed in herself that she did not look further into what she was doing and she accepts responsibility for what occurred. Further, she has apologized and provide assurance to the CPSO that this will not recur. We thought it would be helpful for the CPSO to have this letter, and the supporting documents, as it provides background as to what occurred. We respectfully request that the letter (and the attachments) be maintained in her CPSO file, and that all of this be considered in the event she would apply to the CPSO for a certificate to practice.

If you have any questions, or require any further information, please do not hesitate to contact me on behalf of Ms. Al-Shukrii.

Yours very truly,
Blaney McMurtry LLP



Gary Srebrolow, JD, DDS, BSc
GS/
Encl.

**UNDERTAKING, ACKNOWLEDGEMENT, AND CONSENT
("Undertaking")**

of

Ms Warkaa Al-Shukrii

to

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")**

PREAMBLE

- (1) I, **Ms Warkaa Al-Shukrii**, acknowledge that the College initiated an investigation into whether I am operating in contravention of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended (*RHPA*) and the *Medicine Act, 1991*, S.O. 1991, c. 30 (*Medicine Act*).
- (2) I, **Ms Warkaa Al-Shukrii**, acknowledge that I am not a member of the College or of any other regulated health profession under the RHPA.
- (3) I, **Ms Warkaa Al-Shukrii**, acknowledge that administration of Botox and cosmetic fillers, are controlled acts under section 4 of the *Medicine Act*, which I am not permitted to perform, in that, among other things, they involve performing a procedure on tissue below the dermis, administering a substance by injection, and/or dispensing or selling a drug.
- (4) I, **Ms Warkaa Al-Shukrii**, acknowledge that the College may in its discretion post this Undertaking or information regarding this Undertaking on its public website, and may provide this Undertaking and/or any information relevant to the subject matter of this Undertaking to the director, manager, or any individual who appears to be in control of premises where I have provided or am providing cosmetic services.

UNDERTAKING

- (5) I, **Ms Warkaa Al-Shukrii**, undertake to abide by the provisions of this Undertaking, effective immediately.

(6) **Restrictions**

- (a) I, **Ms Warkaa Al-Shukrii**, undertake that I will not meet with individuals in Ontario, either in person or via telemedicine, for the purposes of communicating a diagnosis identifying a disease or disorder as the cause of a person's symptoms.
- (b) I, **Ms Warkaa Al-Shukrii**, undertake that I will not administer Botox or cosmetic fillers, or perform any other controlled act, unless I have been delegated the authority to perform these acts by someone who has the required authority to perform these acts.
- (c) I, **Ms Warkaa Al-Shukrii**, undertake that if I am delegated the authority to administer Botox or cosmetic fillers, or to perform any other controlled act, I will inform the College in writing in advance of beginning to perform these procedures of (i) the identity of the individual who has delegated me the necessary authority to do so, and (ii) the location where I will be performing the controlled act(s).
- (d) I, **Ms Warkaa Al-Shukrii**, undertake that I will permanently refrain from using the title "doctor" and/or "physician" and/or any variation or abbreviation thereof, including M.D., in the course of providing health care services to any individual, and further undertake not to hold myself out as a physician.

(7) **Monitoring**

- (a) I, **Ms Warkaa Al-Shukrii**, undertake to inform the College of my permanent address and of every office, spa, salon or similar location where I provide services, within five days of executing this undertaking.
- (b) I, **Ms Warkaa Al-Shukrii**, advise that at the time I sign this Undertaking, and unless advised otherwise in accordance with the terms of this Undertaking, I have provided services at the following locations:

① Lundy's Lane Dental, Unit #2, 8123
Lundy's Lane, Niagara Falls, ON, L2H 1H3

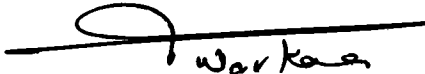
② Besma Dental, 167 Riverside Drive, Welland
ON L3C 5E1

(c) I, Ms Warkaa Al-Shukrii, acknowledge that the College will continue to inspect any locations where I provide or have provided services for the purposes of monitoring my compliance with the provisions of this Undertaking, and I undertake to cooperate with such inspections.

ACKNOWLEDGEMENT

- (8) I, Ms Warkaa Al-Shukrii, acknowledge that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (9) I, Ms Warkaa Al-Shukrii, acknowledge that a breach by me of any provision of this Undertaking may result in the College taking legal action against me, including commencing an application in court for injunctive relief.

Dated at Welland, this 9th day of January, 2018.


Ms Warkaa Al-Shukrii

59 Stormont

Welland - ON

L3C 7N6

CONTACT INFORMATION

Rowayda Aji
Witness (Print Name)


Witness (Signature)