



Box 2703 (C-18)
Whitehorse, YT Y1A 2C6
Phone: 867.667.3774
Fax: 867.393.6483

IMPORTANT NOTICE

RE: MEDICAL PROFESSION ANNUAL RENEWAL APPLICATION AND FEES

Section 17(6) of the *Medical Profession Act* states:

"Every person required to pay an annual practice fee pursuant to subsection (1) who fails to pay such fee on or before March 31 ceases to be in good standing with the profession and thereupon stands suspended from the practice of medicine in the Yukon until he pays all annual fees in arrears and, in addition, pays the prescribed penalty of \$200.00."

The appropriate renewal fee must be received **on or before March 31st**. Payment may be made in person at Consumer Services, 3rd floor, 2130 Second Avenue, Whitehorse or by mail at Yukon Medical Council, Consumer Services, Box 2703 (C-5), Whitehorse, Yukon, Y1A 2C6. For your convenience we accept cash, cheque, debit card or credit card. Please make cheque payable to Government of Yukon.

Please note: The Yukon Medical Council requires physicians practising medicine in Yukon to complete the declaration on page 2 when applying to renew their annual licence.

Late payment of renewal fees result in a \$200.00 penalty and an automatic suspension from practice.

Please complete the attached form and return it to this office.

Thank you,

Council Coordinator



MEDICAL PROFESSION ACT
RENEWAL FORM

If you intend to practice medicine in Yukon please complete Section A and return it with the required renewal fees. If you do not intend to practice medicine in Yukon and wish to be voluntarily struck from the register, complete Section B.

SECTION A

- 1. Name: _____
- 2. Clinic Name: _____
- 3. Home address: _____
- 4. Business address: _____
- 5. Phone number: _____
- E-Mail Address: _____

6. Additional training acquired during the current licensing year:

| Course | Dates of training |
|--------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6. Renewal Fees: Resident \$200.00 _____ Non-Resident \$50.00 _____

Please make your cheque payable to Government of Yukon, or,

Credit Card # _____ Expiry _____ Signature _____

Your completed application and fees are due and payable on or before **March 31st**. Please forward your application and fees to:

Yukon Medical Council
Consumer Services, C-5
Box 2703
Whitehorse, Yukon Y1A 2C6
Phone: 867-667-3774

or

Yukon Medical Council
Consumer Services, C-5
2130 Second Avenue
Whitehorse, Yukon Y1A 5H6
Fax: 867-667-3609

IN LIEU OF CERTIFICATES OF STANDING FROM ALL JURISDICTIONS WHERE YOU HAVE PRACTISED IN THE LAST LICENSING YEAR, PLEASE COMPLETE THE FOLLOWING DECLARATION.

In the last licensing year I have practised in the following jurisdictions:

JURISDICTIONS

DATES

| | | |
|-------|---|-------|
| _____ | : | _____ |
| _____ | : | _____ |
| _____ | : | _____ |

DECLARATION

1. I am not the subject of an inquiry into my ability to practice medicine in another jurisdiction;
2. I am not subject to criminal charges in Canada or abroad; and I have not been convicted of an indictable offence since my last application for renewal.
3. I have not had privileges involuntarily restricted or removed from a medical institution.
4. I authorize all regulatory authorities in Canada to be able to share information with the Yukon Medical Council that has resulted in disciplinary action.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Dated at _____ this _____ day of _____, 20__

Signature of Practitioner

If you are not able to sign the declaration, please attach a written explanation marked confidential to the Yukon Medical Council.

SECTION B

VOLUNTARY STRIKE OFF FROM THE YUKON MEDICAL REGISTER.

If you do not wish to renew your licence, you must voluntarily strike from the Yukon Medical Register to remain in good standing.

I wish to be voluntarily struck from the Yukon Medical Register effective April 01, 20__.

Signature of Practitioner

Date

Print name