



YUKON MEDICAL COUNCIL
Medical Student Registration

I hereby apply for registration for a student permit to practice medicine in the Yukon under the primary supervision of Dr.	
Dates of Elective: From:	To:
a. Applicant's Full Name:	
b. Present Address:	
c. Phone Number:	
d. Email Address:	
e. Date of Birth:	
f. Attach a copy of the document(s) which legally entitle you to reside in Canada. i.e.: Birth Certificate, Student Visa (if foreign student)	
g. Medical Education:	
University:	
Starting Date of University Program:	
I have completed the _____ year out of a _____ year program.	
h. Attach a letter from your University Dean stating authorization to proceed with the elective and that University Insurance is in place during this elective.	
I expect to practice in _____ for the following dates:	
_____	to _____
(Mth/Day/Year)	(Mth/Day/Year)
_____	_____
Signature of Applicant	Date

Affidavit

Must be sworn before an officer authorized to administer oaths.

I, _____ of _____

Make an oath and say as follows:

1. I am the person referred to in the foregoing application for registration for a medical student permit in the Yukon Territory.
2. The said application is duly signed by me and the statements therein contained are strictly true in every respect.

Sworn before me at _____
In _____, this _____
day of _____ AD., 20_____

Signature of Officer authorized
to administer oaths.

Signature of Applicant

Please see the following attachments that must accompany application:

1. A copy of the document(s) which legally entitle you to reside in Canada
2. Attach the original letter from your University Dean stating authorization to proceed with the elective and that University Liability Insurance is in place during this elective (original)

If you have any questions please call the Yukon Medical Council at (867) 667-3774

Please mail application to the following address:

Yukon Medical Council
Box 2703 (C-18)
Whitehorse, Yukon Y1A 2C6

(Courier Address)
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307 Black Street
Whitehorse, Yukon Y1A 2N1