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## Application for Medical Post-Graduate Resident Registration

### MAILING ADDRESS

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

### COURIER ADDRESS

Yukon Medical Council  
1st Floor, Berska Building  
307 Black Street  
Whitehorse, Yukon  
Y1A 2N1

Phone: (867) 667-3774

Fax: (867) 393-6483

email: [ymc@gov.yk.ca](mailto:ymc@gov.yk.ca)

[www.yukonmedicalcouncil.ca](http://www.yukonmedicalcouncil.ca)

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I hereby apply for registration for a temporary certificate to practice medicine under the Yukon Temporary Registrar pursuant to section 10 of the *Medical Profession Act*, as a post-graduate physician in training.

### PERSONAL INFORMATION

Full Name \_\_\_\_\_  
(last name) (given names)

Present Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender M F

Name of Supervisor in Yukon: \_\_\_\_\_

Dates of Yukon Rotation: \_\_\_\_\_

### DEGREE

Title of Medical Degree: \_\_\_\_\_

Date Granted: \_\_\_\_\_

Name of School Granting Degree: \_\_\_\_\_

Address of School Granting Degree: \_\_\_\_\_



**PLEASE INCLUDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:**

- An original signed letter from your Provincial Program Director detailing the dates and duration of each completed rotation, confirmation that you are a post-graduate trainee in good standing and that you are approved for the proposed rotation in the Yukon Territory.
- A copy of the document which legally entitles you to reside in Canada (*i.e. Birth certificate, passport, student visa*).
- A recent passport type photo
- The attached undertaking signed regarding the prescribing of medications. Prescription privileges will not be granted unless this is completed.
- Triplicate Prescription Program Applicant (in order to prescribe narcotics, if required)
- Application must be signed and notarized.