



Attach recent, Passport
type photo

Application for Medical Post-Graduate Resident Registration

MAILING ADDRESS

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

COURIER ADDRESS

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Y1A 2C5

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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.