



YUKON  
MEDICAL  
COUNCIL

**POST-GRADUATE PHYSICIAN IN TRAINING  
PRESCRIPTION PRIVILEGE UNDERTAKING**

I, Dr. \_\_\_\_\_ of \_\_\_\_\_  
*(name in full)* *(city and province)*

Hereby give the following formal undertaking to the Yukon Medical Council:

I agree that I will prescribe medications, including narcotics only to patients seen under the auspices of my training program.

I agree to abide by the prescription writing policy.

I agree that all prescriptions I write will include my name, my supervisor, and my level of training.

Dated at: \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Resident's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**The Provincial Program Director for the post-graduate trainee listed above will notify the Council in writing of any concerns with respect to the competency of the Resident/Fellow to prescribe medications including narcotics.**

Signature of Program Director \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Contact No. \_\_\_\_\_