



MEDICAL PRACTITIONER LICENCE RENEWAL APPLICATION

Use this form to renew your, medical family, medical specialist, dual, or administrative licence.

Renewal deadline: Submit your renewal application before **March 1** to ensure we can process your licence before it expires. Payments processed after March 31 will result in a \$200 penalty and an automatic suspension from practice. You are required to formally strike if you don't wish to renew your licence and remain in good standing. Failure to do so may result in a suspended licence, a penalty fee of \$200 and will be reflected on your certificate of standing.

Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as "not applicable". This form must be legible to be reviewed by Council. To complete this form either type or print in dark blue or black.

REGISTER:

RENEWAL FEE \$200.00

- Medical (Family)
- Medical Specialist
- Dual (Family physician & Specialist)
- Administrative

Applicant Information

Legal last name		Legal first name(s)		Legal middle name(s)		
Other names by which you may be known				Yukon licence number		
Medical Identification Number of Canada (MINC) number						
Email address				Phone		
Mailing address		City	Prov./terr.	Postal code	Country	
Physical address (if different from mailing address)		City	Prov./terr.	Postal code	Country	
Institution/Clinic of Practice within Yukon						

Registration

State the jurisdiction(s) you are registered in as medical practitioner. Certificate of standing/professional conduct for each jurisdiction which you are registered are not required at this time. You are required to provide dates in which you practiced medicine, within the previous licensing year, in any of the jurisdictions you are registered. Yukon Medical Council has the right to request certificates of standing/professional conduct at any time.

Province/territory	Country	Practiced Medicine	Dates Practiced

Licence endorsements and specialties

Please identify any and all licence endorsements or specialties which you may have. If you have listed an endorsement or specialty which cannot be verified, additional information and fees may be requested.

Medical Family Practitioner	Medical Specialist
<input type="checkbox"/> Addiction medicine (AM)	1.
<input type="checkbox"/> Care of the elderly (COE)	
<input type="checkbox"/> Emergency medicine (EM)	2.
<input type="checkbox"/> Family practice anesthesia (FPA)	
<input type="checkbox"/> Palliative care (PC)	3.
<input type="checkbox"/> Sport and exercise medicine (SEM)	

Declarations

If you answer 'yes' to questions 1-6 below, please provide a detailed explanation on a separate piece of paper. Additional information may be requested.

Have you ever been denied registration or licensure by a registration or licensing authority for medical practice in Yukon or any other jurisdiction? If yes, which jurisdiction: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been subject to criminal charges in Canada or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had privileges involuntarily restricted or removed from a medical institution? If yes, where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently subject to any investigative proceedings with respect to unprofessional conduct, incompetence, or incapacity, in the medical profession, in Yukon or any other jurisdiction? If yes, which jurisdiction: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to any investigative proceedings with respect to unprofessional conduct, incompetence, or incapacity, in the medical profession, in Yukon or any other jurisdiction? If yes, which jurisdiction: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification and consent

Are you enrolled and compliant with the CPD program of the College of Family Physicians of Canada and/or the Royal College of Physicians and Surgeons of Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to Yukon Medical Council providing information to and receiving information from the Royal College of Physicians and Surgeons, the College of Family Physicians on Canada, and the Medical Council of Canada regarding your maintenance of certification and continuing professional development?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Do you consent to Yukon Medical Council requesting and receiving details regarding any information disclosed on a Certificate of Professional Conduct received from any jurisdiction you are or have been registered in?

- Yes
 No

PERSONAL CERTIFICATION

Yes, I hereby certify that I am the person making application for registration as a licensed medical practitioner in Yukon, and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of an issued licence.

- Yes, I have included with this application the required [payment information form](#)

Signature of applicant

Date

Submit completed form:

By mail:

By courier or in-person:

By email:

YMC, Box 2703, C18, Whitehorse, YT, Y1A 2C6

YMC, 1st floor – 307 Black Street, Whitehorse, YT, Y1A 2N1

ymc@yukon.ca or inquiry.plra@yukon.ca