



MEDICAL PRACTITIONER REQUEST FOR CERTIFICATE OF PROFESSIONAL CONDUCT

Use this form if you wish to request a certificate of professional standing/professional conduct while registered in Yukon to be forwarded to a medical regulatory authority in another jurisdiction.

Please submit a form for each jurisdiction if requesting more than one certificate of professional standing/conduct

Request fee \$5/certificate of standing

Physician Information

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

Personal certification

Yes, I hereby certify that I am the person requesting and authorizing Yukon Medical Council to release personal information whether favorable or unfavorable concerning my licensure and registration to practice medicine in Yukon.

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

Signature of physician

Date

Certificate to be sent to the following jurisdiction

Name of College / Licensing Authority				
Mailing address	City	Prov./terr.	Postal Code	Country
Email address			Phone	

Submit completed form:

By mail:
By courier or in-person:
By email:
By fax:

YMC, Box 2703, C18, Whitehorse, YT, Y1A 2C6
YMC, 1st floor – 307 Black Street, Whitehorse, YT, Y1A 2N1
ymc@gov.yk.ca or inquiry.plra@gov.yk.ca
867-393-6483