

MEDICAL PRACTITIONER LOCUM LICENCE APPLICATION FORM

Use this form to apply for a medical licence if you wish to practice as a family physician or specialist for a single term of up to 3 consecutive months in a licensing year.

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.

Check one

Medical Family Medical Specialist

Applicant information					
Legal last name	Legal first name(s)	Legal middle name(s)			
Other names by which you may be known			MINC 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 the Yukon					
Licence term (up to 3 consecutive months)		Start date		End date	

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 required.	
Province/territory	Country

Consent and certification	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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?	<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	<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?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

 Signature of applicant

 Date

Submit completed form:

By mail:	YMC, Box 2703, C-18, Whitehorse, YT, Y1A 2C6	
By courier or in-person:	YMC, 1 st floor – 307 Black Street, Whitehorse, YT, Y1A 2N1	
By email:	ymc@yukon.ca or inquiry.plra@yukon.ca	
By fax:	867-393-6483	

Locum Licence Checklist

- Government-issued photo ID**

- Certificates of standing jurisdictions where you are licensed**
Must be sent from the Colleges directly.

- Proof of CMPA insurance indicating Yukon coverage**

- Proof of completion of the Yukon First Nations 101 course**
*Offered online through [Yukon University](#).
Mandatory even if you have completed similar training or practice with Indigenous populations.*

- Payment information form**
Non-resident licence fee: \$50.

Please note: There is an additional \$50 one time registration fee applicable if you do not already have a file with YMC.