



MEDICAL PROFESSION ACT

Post Graduate Education Medical Licence

Program Endorsement Form

This form is to be completed by the Dean or Program Director of your Educational Institution and uploaded into your [Yukon online licensing portal](#) as a supporting document for your application.

Dr. _____ is a postgraduate trainee in their ____ year of a ____-year program in the field of _____ at the University of _____ in _____.

Dr. _____ is in good standing with our Institution and is approved for the Yukon elective of:

Dates _____

Yukon Clinic _____

Yukon Supervisor _____

The applicant is approved to prescribe medication under the administration of their Yukon Supervisor. __ YES NO N/A

I will notify the Council in writing of any concerns concerning the competency of the applicant.

Name and Title of Program Director _____

Contact email address _____ Phone # _____

Signature _____ Date _____

Personal information is collected, used, and disclosed under the authority of Section 15(a)-(c) of the Access to Information and Protection of Privacy Act and under the Act associated to the profession related to the licence or certificate being requested. It will be used for the purposes of these Acts and their regulations including but not limited to eligibility of registration and licensure, practice assessment, and complaint related matters. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, or by phone at 867-667-5111.