



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 _____