



## PROFESSIONAL CORPORATION REGISTRATION AND PERMIT APPLICATION (Step 3)

Use this form to register as a professional corporation and obtain a permit for the first time. You must have completed the following steps prior to submitting this application;

Step 1 – You are required to complete, submit and receive approval by confirming your eligibility to become a professional corporation under the *Medical Profession Act* through the Yukon Medical Council prior to incorporating and registering your business under the Business Corporations Act. For forms and instructions on how to pre-register your professional confirmation go to [www.yukonmedicalcouncil.ca](http://www.yukonmedicalcouncil.ca)

Step 2 - Your Professional Corporation must be in good standing with the Corporate Affairs branch within Yukon Governments Department of Community Services. For forms and instructions on how to incorporate and register your business contact [Corporate Affairs](#) or 867-667-5314

**Permit:** You may apply for registration and a permit at any time throughout the year, however permits expire **December 31**.

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.

<b>Fee</b>
<input type="checkbox"/> Registration (\$50)
<input type="checkbox"/> Annual Permit (\$50)

### Corporate Information of Applicant

If name requirements are not fully met, application may be refused and returned. Provide the premises where the corporation carries on the practise of medicine as of the day of this application. Practice mailing address will be available on Yukon Medical Council's public website.

Legal name of corporation		Corporation Number (assigned by Corporate Affairs)		
List business names under which the corporation operates and which are different from the corporation name				If none, check here
Email address		Phone	Fax	
Business Mailing address	City	Prov./terr.	Postal code	Country
Business Physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country

### Shareholder/Director Information

When applying for pre-registration eligibility articles of incorporation and the details of your shareholder/director information were provided. If there has been a change to that information at time of this application or throughout the permitting year, you are required to provide updated articles of incorporation and shareholder/director information to Yukon Medical Council.

1. Have there been any changes to the shareholder/director information since applying for pre-registration eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, are your amended articles of incorporation attached as well as updated shareholder/director information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Incorporation and Registration of Business Information

Proof of incorporation and registration of business through Corporate Affairs is required; you must be in good standing. Attached the following documents with this application;

1. Certificate of Incorporation
2. Certificate of business registered under the *Business Corporations Act*



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## Declarations

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## Declaration

Yes, I/we hereby certify that I/we am/are the person(s) making application for registration as professional corporation 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 Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

**Submit completed form:**

**By mail:**

**By courier or in-person:**

**By email:**

**By fax:**

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

YMC, 1<sup>st</sup> floor – 307 Black Street, Whitehorse, YT, Y1A 2N1

ymc@gov.yk.ca or inquiry.plra@gov.yk.ca

867-393-6483