



# MEDICAL PROFESSION ACT

## Student Education Medical Licence

### Program Endorsement Form

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

\_\_\_\_\_ is a medical student in their \_\_\_\_ year of a \_\_\_\_-year program at the University of \_\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_ is in good standing with our Institution and is approved for the Yukon elective of:

Dates \_\_\_\_\_

Yukon Clinic \_\_\_\_\_

Yukon Supervisor \_\_\_\_\_

The University of \_\_\_\_\_ liability insurance fully covers the above-named medical student for the full duration of this elective.

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

Name and Title of Dean (or Equivalent) \_\_\_\_\_

Contact email address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_