



Student Education Medical Licence Application

Personal Information			
Last Name		First Name	
Date of Birth		Telephone	
Email address			

Full Mailing Address					
Street / Box			City		
Province / Terr		Country		Postal Code	

Program Information			
Medical School			
City		Province/State	
Country			
Start date		Expected Graduation	

Elective Information			
Yukon Supervisor		Yukon Clinic	
Dates in Yukon		to	

Declarations of Medical Student Licence Applicant	Initial Here
I hereby apply for registration for a license to practice medicine under the Yukon Educational Register pursuant to section 9 of the Medical Professions Act, as a medical student physician in training.	
If, prior to the issuance of the certificate there is any change in the information provided in this application, I will immediately inform the Council and provide details of the change.	
I authorize the Yukon Medical Council to make any inquiries about me as it considers appropriate in connection with this application.	



**YUKON
MEDICAL
COUNCIL**

MEDICAL PROFESSION ACT

Student Education Medical Licence Application

I declare that I am the person referred to in the application all the information provided in this application is true.	
---	--

Full Name _____ Signature _____ Date _____

To be completed by University Dean or equivalent

_____ is a medical student in good standing with our Institution and is approved for the Yukon elective for the dates indicated above.

The above-named medical student is fully covered by the University of _____ liability insurance for the full duration of this elective.

I will notify the Council in writing of any concerns with respect to the competency of the applicant.

Name and Title of Program Director _____ Date _____

Signature _____ Contact email address _____

- All forms must be submitted to the Yukon Medical Council at YMC@Yukon.ca along with a copy of one piece of Government issued identification.
- Applicants are responsible for contacting the Yukon Hospital Corporation's privileging department at yhchospitalprivileges@wgh.yk.ca.
- The YMC does not have a role in housing, travel, or reimbursement arrangements for licencees.
- There is no fee for an educational licence.

Yukon Medical Council, Government of Yukon
Box 2703 (C-18), Whitehorse, Yukon Y1A 2C6
867-667-3774 YMC@yukon.ca