YUKON MEDICAL COUNCIL

MEDICAL PROFESSION ACT
MEDICAL LICENCE RENEWAL APPLICATION

CONTACT INFORMATION

Name of Applicant	
Clinic Name	
Home Address	
Business Address	
Email	
Phone Number	
Yukon Licence Number	

MAIL LICENCE AND RECEIPT TO THE FOLLOWING ADDRESS: □ HOME □ BUSINESS

APPLICANT DEADLINES

Applications must be submitted prior to **March 1.** This allows for 1 month processing time.

Any applications received after March 1, are not guaranteed to be processed prior to March 31st expiry.

If it is not processed by March 31, the *Medical Profession Act states:*

Every person required to pay an annual fee under subsection (1) who fails to pay that fee on or before the date required:

a) ceases to be in good standing under this Act;
b) is suspended from the practice of medicine in the Yukon until they pay all annual fees in arrears and any applicable prescribed penalty; and
c) *may be required by the council to appear before it.*

Payments processed after March 31 result in a $200.00 penalty and an automatic suspension from practice.

For inquiries, please contact the Yukon Medical Council office at 867-667-3774 or email ymc@gov.yk.ca.

SECTION A is for individuals intending to continue practising medicine in Yukon
SECTION B is for individuals **not** intending to continue practising medicine in Yukon

www.yukonmedicalcouncil.ca
Located: 307 Black Street, Whitehorse, Yukon Y1A 2N1
Mailing: PO Box 2703, C-18, Whitehorse, Yukon Y1A 2C6

Phone: 867.667.3774
Fax: 867.393. 6483
Email: ymc@gov.yk.ca

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SECTION A: DECLARATION OF APPLICANT

In lieu of certificates of standing from all jurisdictions where you have practised in the **last** licencing year, please complete the following declaration.

Have you practised medicine in the last 24 months: Yes □ No □

If **NO,** what was the location and date which you last practised medicine?

_____ _____
Location Date

In the last licencing year I have practised medicine in the following jurisdictions:

Jurisdiction	Dates

DECLARATION

1. I am not the subject of an inquiry into my ability to prastice medicine in another jurisdiction;
2. I am not subject to criminal charges in Canada or abroad; and I have not been convicted of an indictable offence since my lasts application for renewal;
3. I have not had privileges involuntarily restricted or removed from a medical institution.
4. I authorize Professional Licencing and Regulatory Affairs the right to inquire with applicable organizations regarding the items in this declaration.

I hereby certify that the above statements are true and correct to the best of my knowledge.

_____ _____
Signature of Physician Date

If applicable: List additional training acquired during the past licencing year.
Attach a list if required. There is a $5.00 fee for updating qualifications.

Course	Dates of Training

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SECTION B: VOLUNTARY STRIKE FROM THE YUKON MEDICAL REGISTER

If you do not wish to renew your licence, you must voluntarily strike from the Yukon Medical Registers to remain in good standing.

I wish to be voluntarily struck from the Yukon Medical Register effective April 01, 20_____.

_____ _____
Signature of Physician Date

_____
Print Name

ALL applications must be faxed, mailed, couriered or brought in person.
Phone and email are no longer an acceptable means of submission.

Fax: 867-393-6483	
Mail to: Yukon Medical Council Box 2703, C-18 Whitehorse, Yukon Y1A 2C6	**Courier or Bring in person to:** Yukon Medical Council 1st floor - 307 Black Street Whitehorse, Yukon Y1A 2N1

LICENCE RENEWAL FEES

□ Resident Licence renewal fee: **$200.00**
□ Non-Resident Licence renewal fee: **$50.00**
□ Registration of additional qualifications: **$5.00**

Cheques are payable to **Government of Yukon** or

Credit Card information

Card Number _____ Expiry Date _____

Signature: _____