



MEDICAL PRACTITIONER LICENCE RENEWAL APPLICATION

Use this form to renew your, medical family, medical specialist, limited family, limited specialty practice or administrative licence.

Renewal deadline: Submit your renewal application before **March 1** to ensure we can process your licence before it expires. Payments processed after March 31 will result in a \$200 penalty and an automatic suspension from practice. You are required to formally strike if you don't wish to renew your licence and remain in good standing. Failure to do so may result in a suspended licence, a penalty fee of \$200 and will be reflected on your certificate of standing.

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.

Check one	Check all that may apply
Resident (\$200 renewal fee)	Medical Family
Non Resident (\$50 renewal fee)	Medical Specialist
Note:	Limited
Additional qualifications (\$5 per)	Administrative

Applicant Information				
Legal last name	Legal first name(s)	Legal middle name(s)		
Other names by which you may be known		Yukon licence number		
Email address		Phone		
Mailing address	City	Prov./terr.	Postal code	Country
Physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country
Institution/Clinic of Practice within Yukon				

Registration			
State the jurisdiction(s) you are registered in as medical practitioner. Certificate of standing/professional conduct for each jurisdiction which you are registered are not required at this time. You are required to provide dates in which you practiced medicine, within the previous licensing year, in any of the jurisdictions you are registered. Yukon Medical Council has the right to request certificates of standing/professional conduct at any time.			
Province/territory	Country	Practiced Medicine	Dates Practiced

Licence endorsements and specialties

Please identify any and all licence endorsements or specialties which you may have. If you have listed an endorsement or specialty which cannot be verified, additional information and fees may be requested

Medical Family Practitioner	Medical Specialist
Addiction medicine (AM)	1.
Care of the elderly (COE)	
Emergency medicine (EM)	2.
Family practice anesthesia (FPA)	
Palliative care (PC)	3.
Sport and exercise medicine (SEM)	

Declarations

If you answer 'yes' to any question below, additional information may be requested.

Have you ever been denied registration or licensure by a registration or licensing authority for medical practice in Yukon or any other jurisdiction?	Yes	No
Have you been subject to criminal charges in Canada or abroad?	Yes	No
Do you have a criminal record?	Yes	No
Have you ever had privileges involuntarily restricted or removed from a medical institution	Yes	No
Are you currently subject to any investigative proceedings with respect to professional misconduct, incompetence, or incapacity, in the medical profession, in Yukon or any other jurisdiction?	Yes	No
Have you ever been subject to any investigative proceedings with respect to professional misconduct, incompetence, or incapacity, in the medical profession, in Yukon or any other jurisdiction?	Yes	No

Personal certification

Yes, I hereby certify that I am the person making application for registration as a licensed medical practitioner 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 applicant

Date

Submit completed form:

By mail:

By courier or in-person:

By email:

By fax:

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

YMC, 1st floor – 307 Black Street, Whitehorse, YT, Y1A 2N1

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

867-393-6483