



MEDICAL PROFESSION ACT
MEDICAL STUDENT REGISTRATION APPLICATION

I hereby apply for registration for a temporary certificate to practice medicine under the Yukon Educational Register pursuant to section 9 of the *Medical Profession Act*, as a postgraduate physician in training.

PERSONAL INFORMATION

Name (last, first)	
Present Address	
Contact Phone Number	
Contact Email	
Date of Birth	
Name of Primary Supervisor	
Yukon Clinic	
Dates of Elective	

EDUCATION

Name of School providing Medical Education	
Start Date of University Program	

I have completed the _____ year of a _____ year program.

Please ensure the following are attached to your application form:

- Original letter from your University Dean stating authorization to proceed with the elective, specific dates of the elective and that the University Liability Insurance is in place during this elective.
- Copy of the document which legally entitles you to reside in Canada, i.e. birth certificate, student visa.

I declare that,

1. I am the person referred to in the foregoing application for registration for a medical student permit in the Yukon Territory.
2. The said application is duly signed by me and the statements therein contained are strictly true in every respect.

Signature of applicant

Date

ALL applications must be submitted to YMC.

Expect up to 30day processing time.

Fax: 867-393-6483 Email: ymc@gov.yk.ca

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