



**YUKON
MEDICAL
COUNCIL**

**MEDICAL PROFESSION ACT
PHYSICIAN IN TRAINING
PRESCRIPTION PRIVILEGE UNDERTAKING**

I, Dr. _____ of _____
(name in full) *(city and province)*

Hereby give the following formal undertaking to the Yukon Medical Council:

- I agree that I will prescribe medications, including narcotics only to patients seen under the auspices of my training program.
- I agree to abide by the prescription writing policy.
- I agree that all prescriptions I write will include my name, my supervisor, and my level of training.

Dated at: _____, this _____ day of _____, 20____.
(location) *(day)* *(month)* *(year)*

Resident's Signature: _____

Print Name: _____

The Provincial Program Director for the postgraduate physician listed above will notify the Council in writing of any concerns with respect to the competency of the Resident/Fellow to prescribe medications including narcotics.

Signature of Program Director: _____

Print Name: _____

Date: _____

Contact #: _____

Contact Email: _____