



**MEDICAL PROFESSION ACT  
PROFESSIONAL CORPORATION APPLICATION**

\_\_\_\_\_ a Professional Corporation with Registered Office at \_\_\_\_\_ of \_\_\_\_\_ in Yukon, hereby applies for a permit pursuant to paragraph 16(1)(b) of the *Medical Profession Act*.

I, \_\_\_\_\_, a Medical Practitioner duly registered pursuant to the *Medical Profession Act*, and a director of the above named applicant corporation, hereby certify that the information and particulars to follow are complete and correct.

1. The corporation is in good standing with the Registrar of Corporations under the Business Corporations Act.
2. All subscribers to shares to which voting rights are attached, and directors are medical practitioners registered pursuant to the *Medical Profession Act*.
3. Shareholder information is as follows:

NAME and ADDRESS	NUMBER and CLASS OF SHARES

4. The following medical practitioners are directors of the Corporation

NAME	Address

5. Each of the persons who will carry on the practice of medicine on behalf of the corporation will be a medical practitioner registered pursuant to the *Medical Profession Act*.
6. The Corporation is not restricted by its memorandum or articles of association, or by the Business Corporations Act from carrying on all businesses and activities associated with or incidental to the practice of medicine.
7. A certified true copy of the Corporation's Certificate of Incorporation is attached hereto.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Address



**YUKON  
MEDICAL  
COUNCIL**

**MEDICAL PROFESSION ACT  
PROFESSIONAL CORPORATION APPLICATION**

**ALL applications must be either mailed or brought in person.**  
Phone and fax are no longer an acceptable means of submission.

**Mail to:**  
Yukon Medical Council  
Box 2703 C-18  
Whitehorse, Yukon Y1A 2C6

**Bring in person to:**  
Yukon Medical Council  
307 Black Street  
Whitehorse, Yukon Y1A 2N1

**PERMIT FEES**

\_\_\_\_\_ \$50.00 Registration fee  
\_\_\_\_\_ \$50.00 Annual fee  
\_\_\_\_\_ \$50.00 Pre-registration confirmation of eligibility

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

*Credit Card information*

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature: \_\_\_\_\_