



**MEDICAL PROFESSION ACT
PROFESSIONAL CORPORATION RENEWAL**

CONTACT INFORMATION

Name of Corporation	
Mailing Address for permit	
Contact Phone Number	
Contact Email	
Previous Permit Number	

APPLICANT DEADLINES

Applications must be submitted prior to **December 15th**. This allows for 2 weeks processing time.

Any applications received after December 15th, are not guaranteed to be processed prior to December 31st. **If it is not processed by December 31st, the Prof Corp permit will be suspended, and you will need to pay a \$200 penalty.**

Please note that in order to maintain your professional corporation status with our office, you must be in good standing with Corporate Affairs and submit your renewal form on time.

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

AGREEMENT OF APPLICANT

The undersigned hereby certify that the foregoing information is true and correct to the best of my knowledge. I hereby undertake to notify the Government of the Yukon in writing of any change.

At this time I wish to apply for my renewal permit.

Signature of Director/Officer

Date

Print Name of Director/Officer

*Office use
Corporate Affairs filing due date*



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ALL applications must be either 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 1 st floor - 307 Black Street Whitehorse, Yukon Y1A 2N1

PERMIT RENEWAL FEES

Permit renewal fees are **\$50.00**

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

Credit Card information

Card Number _____ Expiry Date _____

Signature: _____

*Office use
Corporate Affairs filing due date*