



PROFESSIONAL CORPORATION PRE-REGISTRATION CONFIRMATION OF ELIGIBILITY (Step 1)

Under the *Business Corporations Act* [s.9(2),s.12(2)] the name of your professional corporation and the articles of incorporation must be approved by the governing body or licensing agency of the appropriate profession (medical profession in this case) prior to registration of your corporation with Corporate Affairs. For more information on the registration and permits for Professional corporations under the *Medical Profession Act*, view the Guidance Document.

Use this form to provide your articles of incorporation information which includes the proposed name of your professional corporation. Members intending to incorporate must do so under the *Business Corporations Act*. For forms and instructions on how to incorporate, contact [Corporate Affairs branch of the Yukon Governments Department of Community Services](#) or 867-667-5314.

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. To complete this form either type or print in dark blue or black.	Fee Administration Fee (\$50)
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Corporation Information

**If name requirements are not fully met, application may be refused and returned
(see guidance document on name requirements)**

Name of corporation				
List business names under which the corporation operates and which are different from the corporation name			If none, check here	
Email address	Phone		Fax	
Business mailing address	City	Prov./terr.	Postal code	Country
Business physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country

Shareholder Information

The following questions are asked in connection with s.53 within the *Medical Professions Act*.

1. Do the corporation's articles provide for a class of non-voting shares?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is each issued voting share of the corporation registered in the name of and owned beneficially by one or more medical practitioners registered under the Medical Professions act	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physician Shareholders and Directors

I am the sole director and shareholder of the corporation		<input type="checkbox"/> Yes <input type="checkbox"/> No
All voting shareholders and directors must be registered and licenced physicians under the <i>Medical Professions Act</i>		
Legal Name (incorporator)	Shareholder (owns voting shares)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Director	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yukon licence number	Phone	Fax
Register(s) and specialties	Email	
Specialties/endorsements	Practice Address	

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Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			

Description of Practice

Under the *Business Corporations Act*, a professional corporation may not carry on a business other than the practice of the profession and activities related to that practice.

Contact Name

Name the person to be contacted by Yukon Medical Council in connection to this application

Full Name	Title
Phone	Fax
Email	

Authorization of applicant

Yes, I hereby certify that I am an authorized in making application for registration as professional corporation in Yukon, and that all statements are true and complete in every respect.

Yes, I have included with this application the required

Payment information form

Articles of Incorporation

Signature of Applicant (incorporator)	Date
Submit completed form:	By mail: YMC, Box 2703, C18, Whitehorse, YT, Y1A 2C6
	By courier or in-person: YMC, 1 st floor – 307 Black Street, Whitehorse, YT, Y1A 2N1
	By email: ymc@gov.yk.ca or inquiry.plra@gov.yk.ca
	By fax: 867-393-6483

Yukon Medical Council will send approval notification of confirmed eligibility to Corporate Affairs once this application is processed. Once eligibility is confirmed, move on to Step 2.

Step 2 Incorporation and registration of Professional Corporation through Corporate Affairs - your Professional Corporation must be in good standing with the Corporate Affairs branch within Yukon Governments Department of Community Services. For forms and instructions on how to incorporate and register your business contact [Corporate Affairs](#) or 867-667-5314. Once completed move on to Step 3.

Step 3 Register and obtain permit, for your Professional Corporation, for the purpose of practicing medicine through Yukon Medical Council - For forms and instructions on how to register and receive a permit to practice medicine through your Professional Corporation go to www.yukonmedicalcouncil.ca