



**YUKON  
MEDICAL  
COUNCIL**

Box 2703 (C-18)  
Whitehorse, YT Y1A 2C6  
Phone: 867.667.3774  
Fax: 867.393.6483

**Courier**  
307 Black Street  
Whitehorse, YT  
Y1A 2N1

## **Application for Medical Student – Temporary Practice Permit**

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Applicant's full name \_\_\_\_\_

Present full mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Education, University : \_\_\_\_\_

Starting date of University Program: \_\_\_\_\_

I have completed the \_\_\_\_\_ year out of a \_\_\_\_\_ year Program.

I hereby apply for registration for a student permit to practice medicine in the Yukon under the primary supervision of Dr. \_\_\_\_\_, located in \_\_\_\_\_.

Dates of elective: from \_\_\_\_\_ to \_\_\_\_\_

**Please ensure the following is attached to your application form:**

**\_\_\_\_\_ Original letter from your University Dean stating authorization to proceed with the elective, specific dates of elective and that 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 (if foreign student)**

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