



YUKON
MEDICAL
COUNCIL

POSTGRADUATE 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____.

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 No. _____