

A person who applies to be registered under the Physiotherapists Regulation, and who meets the requirements for registration set forth in the Regulation, is eligible for registration if that person completes the application form and returns it to the Registrar's office along with the following:

1. The required fees.
2. A certified copy of a degree from an approved physiotherapy program in Canada.
3. Confirmation that the *Verification Request Form* has been sent to the Canadian Alliance of Physiotherapy Regulators to request proof of successful completion of the National Physiotherapy Competency Examination administered by the Alliance or proof of completion of an equivalent examination acceptable to the Registrar.
4. A certified copy of the Certificate of Registration from all jurisdictions the applicant is currently licensed in.
5. Letter(s) of Good Standing from all jurisdictions the applicant is currently licensed in.
6. Proof of valid liability insurance.
7. Proof of hours spent in professional practice during the last year.
8. Proof of hours spent on continuing professional education during the last year.
9. A certified copy of your birth certificate (and marriage certificate if you changed your name).
10. Passport type photograph

Our registration year is from February 1 to January 31. Fees are not prorated. The fee schedule applies to both residents and non-residents. The following fees are payable to the Registrar

a) for processing each application for initial registration:

- all categories, except student registration: \$ 40
- student registration: no fee

b) for each registration year:

- full registration and interim registration: \$ 200
- inactive registration: \$ 40
- student and courtesy registration: no fee

c) for a full registration that is issued as a temporary registration for a single period of up to three consecutive months within a registration year: \$ 50

For further information please contact our office:

Licensing Officer

Consumer Services C-5

Box 2703

Whitehorse, Yukon, Y1A 2C6

Phone: 867-667-5111

Fax: 867-667-3609

E-mail: consumer@gov.yk.ca

Please ensure the correct fees accompany the documents to avoid delay in processing your application. Please make cheques payable to *Government of Yukon*. We also accept Visa, Mastercard and Amex.

APPLICATION FOR PHYSIOTHERAPIST REGISTRATION IN YUKON

All information requested in this application must be provided. Incomplete applications will not be processed. Registration fees must be enclosed. Please allow 30 days for processing.

Mailing address is: Consumer Services
Box 2703, C-5
Whitehorse, Yukon
Y1A 2C6

Street address is: Consumer Services
2130 - 2nd Avenue
Whitehorse, Yukon
Y1A 5H6

Telephone: 867-667-5111

1. Name in full _____

2. Maiden name (if applicable) _____ Gender: F M

3. Date of Birth _____ Place of Birth _____

4. Business/employer's name _____

5. Business/employer's street address _____
City _____

Province/Territory Postal Code Business Phone Number

6. Mailing address (if different from above or if you wish to receive mail at your home address)

Street or P.O. Box # City Province/Territory

Postal Code Phone Number Email Address

7. I expect to practice in _____ starting on _____
place of employment (private practice, (dd/mm/yyyy)
hospital, long-term care, etc.)

Full-Time Part-Time Employment category: _____
(permanent/temporary/casual/self)

Primary clinical / non-clinical focus of practice: _____

8. Are you presently licensed to practice in other jurisdictions? Yes No

If yes, where? _____

9. Give addresses of all locations and dates where you have practiced as a physiotherapist for the five years preceding this date:

10. Provide a chronological summary of your educational history giving names of institutions attended, dates of attendance and degrees or diplomas received:

INSTITUTION	LOCATION	DATE OF ENTERING (dd/mm/yyyy)	DATE OF LEAVING (dd/mm/yyyy)	NAME OF DEGREE OBTAINED

• Have you ever been reprimanded, fined, suspended or expelled from membership, or disciplined in any other way as a member of a professional organization or licensing body related to the practice of physiotherapy?

Yes No

• At the present time, is there any investigation, review or proceeding taking place in any jurisdiction which could result in the suspension or cancellation of your authorization to practice physiotherapy in that jurisdiction?

Yes No

• Have you ever been convicted for any crime? Yes No

• Have you ever been refused a license to practice physiotherapy? Yes No

If you have answered yes to any of the above four questions, please provide details on a separate sheet.

I, (name in full) _____
hereby make application for registration and licensure in
Yukon in accordance with the Health Professions Act and the
Physiotherapists Regulation.

Passport Type
Photo

(taken within the
last six months)

I am applying for (check ONE only):

- full registration
- interim registration
- student registration
- inactive registration
- courtesy registration

In support of my application, I enclose:

1. Completed application form.
2. Required registration fees.
3. Certified copy of a degree from an approved physiotherapy program in Canada.
4. Confirmation that the Verification Request Form has been sent to the Canadian Alliance of Physiotherapy Regulators to request proof of successful completion of the National Physiotherapy Competency Examination administered by the Alliance or proof of completion of an equivalent examination acceptable to the Registrar.
5. Certified copy of the Certificate of Registration from all jurisdictions I am currently licensed in.
6. Letter(s) of Good Standing from all jurisdictions I am currently licensed in.
7. Proof of valid liability insurance.
8. Proof of hours spent in professional practice during the last year.
9. Proof of hours spent on continuing professional education during the last year.
10. A certified copy of my birth certificate (and marriage certificate if name changed)
11. Passport type photograph.

I hereby authorize the Yukon Registrar of Physiotherapists to provide the Canadian Institute of Human Information (CIHI) with non-identifying information for health human resource planning.

Signature of Applicant

Date

I wish to pay the registration fee of \$ _____ by credit card.

Credit card type: _____ (Visa, Mastercard or Amex)

Credit card number: _____ Expiry date: _____

Name on credit card: _____ Signature: _____

STATUTORY DECLARATION

In the matter of my application for registration and licensure in Yukon, I

_____ of _____
(Full name) (City)

in the Province/Territory of _____

DO SOLEMNLY DECLARE:

- 1. that I am the person referred to in the documents submitted in support of my application, and that these documents present a true, accurate and complete account of my qualifications and employment history; and**
- 2. that I authorize the licensing authorities and persons named herein to give such information to the Yukon Registrar as required.**

And I make this solemn declaration conscientiously believing it to be true.

Declared before me at _____ *in* _____

this day of _____, *A.D. 20* ____.

(Signature of applicant)

(Signature and seal of notary public or officer authorized to administer oaths)