

CONTACT INFORMATION

Name of Applicant	
Name of Employer(s) or rural Yukon Community	
Home Address (full)	
Primary Yukon Business Address (full)	
Email	
Contact Phone Number	
Yukon Registration Number and if applicable Medical Licence #	
Active or Inactive in pharmacy	

MAIL LICENCE AND RECEIPT TO THE FOLLOWING ADDRESS: HOME BUSINESS

APPLICANT DEADLINES

Applications must be submitted prior to **March 1st**. This allows for 1 month processing time. Any applications received after March 1st, are not guaranteed to be processed prior to March 31st expiry.

Payments processed after March 31 result in an automatic suspension from practice.

For inquiries, please contact the Professional Licencing Officer at 867-667-3774 or email Stephanie.connolly@gov.yk.ca

- **SECTION A** is for individuals intending to continue practising as pharmacists in Yukon
- **SECTION B** is for individuals **not** intending to continue practising as pharmacists in Yukon
- **SECTION C (Optional)** is statistical information collection

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence being requested. It will be used for the purposes of these acts and their regulations, and to determine eligibility for licensure. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licencing & Regulatory Affairs (PLRA) Branch of Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, by fax at 867-667-3609, or by email at plra@gov.yk.ca



PHARMACISTS ACT
PHARMACIST LICENCE AND RURAL PERMIT
RENEWAL APPLICATION

SECTION A: DECLARATION OF APPLICANT

In lieu of certificates of standing from all jurisdictions where you have practiced in the **last** licencing year, please complete the following declaration.

Have you practised as a pharmacist in the last 24 months: Yes No

If **NO**, what was the location and date which you last practised pharmacy?

Location Date

In the last licencing year I have practised as a pharmacist in the following jurisdictions:

Jurisdiction	Dates

DECLARATION

1. I am not the subject of an inquiry into my ability to practice in another jurisdiction;
2. I am not subject to criminal charges in Canada or abroad; and I have not been convicted of an indictable offence since my last application for renewal;
3. I have not had privileges involuntarily restricted or removed from a jurisdiction;
4. I authorize Professional Licencing and Regulatory Affairs the right to inquire with applicable organizations regarding the items in this declaration.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature of Physician Date

Number of Hours spent on Continuing Education during the last Licencing Year: _____

Course	Dates of Training



PHARMACISTS ACT
PHARMACIST LICENCE AND RURAL PERMIT
RENEWAL APPLICATION

SECTION B: VOLUNTARY STRIKE FROM THE YUKON PHARMACISTS REGISTER

If you do not wish to renew your licence or permit, you must voluntarily strike from the Yukon Pharmacists Register to remain in good standing.

I wish to be voluntarily struck from the Yukon Pharmacists Register effective April 01, 20_____.

Signature of Pharmacist or Rural Permit Holder

Date

Print Name

ALL applications must be faxed, mailed, couriered or brought in person.
Phone and email are no longer an acceptable means of submission.

Fax: 867-393-6483	
Mail to: Professional Licencing and Regulatory Affairs Box 2703, C-5 Whitehorse, Yukon Y1A 2C6	Courier or Bring in person to: Professional Licencing and Regulatory Affairs 1 st floor - 307 Black Street Whitehorse, Yukon Y1A 2N1

LICENCE RENEWAL FEES

- Pharmacist Licence renewal fee: **\$100.00**
- Rural Permit renewal fee: **\$100.00**

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

Credit Card information

Card Number _____ Expiry Date _____

Signature: _____

SECTION C: STATISTICAL INFORMATION (OPTIONAL)

1. **Employment Status** – indicate your current employment status.

<input type="checkbox"/>	Employed in the profession of pharmacy
<input type="checkbox"/>	Employed in other than pharmacy and seeking employment in the profession of pharmacy
<input type="checkbox"/>	Employed in other than pharmacy and not seeking employment in the profession of pharmacy
<input type="checkbox"/>	Unemployed and seeking employment in the profession of pharmacy
<input type="checkbox"/>	Unemployed and not seeking employment in the profession of pharmacy

2. **Range of Estimated Weekly Practice Hours** – Complete for each employer

Primary Employer:		Secondary Employer:	
<input type="checkbox"/> 40 and above	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40 and above	<input type="checkbox"/> 30-39
<input type="checkbox"/> 15-29	<input type="checkbox"/> 14 and under	<input type="checkbox"/> 15-29	<input type="checkbox"/> 14 and under

Third Employer:		Fourth Employer:	
<input type="checkbox"/> 40 and above	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40 and above	<input type="checkbox"/> 30-39
<input type="checkbox"/> 15-29	<input type="checkbox"/> 14 and under	<input type="checkbox"/> 15-29	<input type="checkbox"/> 14 and under

3. **Employment Category** – Complete for each employer

Primary Employer:		Secondary Employer:	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
<input type="checkbox"/> Casual	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Casual	<input type="checkbox"/> Self-Employed

Third Employer:		Fourth Employer:	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
<input type="checkbox"/> Casual	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Casual	<input type="checkbox"/> Self-Employed

Temporary: fixed duration of work with guaranteed work hours

Casual: as-needed basis with no guaranteed or fixed work hours

4. **Employment Setting** – If you have more than one employer, use “A” to indicate primary employment, “B” to indicate second employment, “C” to indicate third employment and “D” to indicated fourth employment.

POSITION			
<input type="checkbox"/> Director of Pharmacy	<input type="checkbox"/> Pharmacy Manager	<input type="checkbox"/> Pharmacy Owner/Manager	<input type="checkbox"/> Staff Pharmacist
<input type="checkbox"/> Industrial Pharmacist	<input type="checkbox"/> Pharmacist Consultant	<input type="checkbox"/> Educator	<input type="checkbox"/> Institutional Leader/Coordinator
<input type="checkbox"/> Researcher	<input type="checkbox"/> Other:		

PLACE OF EMPLOYMENT			
<input type="checkbox"/> Hospital or other health care facility	<input type="checkbox"/> Community pharmacy	<input type="checkbox"/> Other pharmacy	<input type="checkbox"/> Group professional practice/clinic
<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Other community-based pharmacist practice	<input type="checkbox"/> Post-secondary educational institution	<input type="checkbox"/> Association/ government/ para-government
<input type="checkbox"/> Health-related industry/commercial	<input type="checkbox"/> Community pharmacy corporate office	<input type="checkbox"/> Other:	