



**PHYSIOTHERAPIST
ANNUAL RENEWAL 2009**

Consumer Services C-5 P.O. Box 2703 Whitehorse, YT, Y1A 2C6	* Fees are due on or before January 31, 2009 . Questions? Call the Licensing Officer at 667-5940
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PERSONAL INFORMATION	FEES & PAYMENT OPTIONS			
Registration Number:	Full and interim registration <input type="checkbox"/> \$ 200 Inactive registration <input type="checkbox"/> \$ 40 Student registration <input type="checkbox"/> no fee Full registration renewed between Feb. 1 and Mar. 31, 2009 or reinstated later <input type="checkbox"/> \$ 240 Reinstatement fee if renewed after Mar. 31 <input type="checkbox"/> \$ 40			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Family Name</td> <td style="width: 33%;">Given Name</td> <td style="width: 33%;">Previous Name</td> </tr> </table>	Family Name	Given Name	Previous Name	Renewals post-marked after January 31, 2009 will be processed only if they include the correct fees. Charge my credit card (Visa, M/C, Amex) <input type="checkbox"/> Paying by cheque <input type="checkbox"/> Card # _____ Expiry Date: _____
Family Name	Given Name	Previous Name		
Mailing Address				
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">Territory/Province</td> <td style="width: 33%;">Postal Code</td> </tr> </table>	City	Territory/Province	Postal Code	
City	Territory/Province	Postal Code		
Home Telephone Number				
Email Address				

REMOVAL
Complete this section only if you no longer wish to be registered as a physiotherapist in Yukon. I am no longer practicing physiotherapy in Yukon and request that my name be removed from the physiotherapy register.
Date: _____ Signature: _____

HOURS SPENT IN PROFESSIONAL PRACTICE	
Estimate your total WORKED hours until January 31, 2009. If your estimate is incorrect, let the Licensing Officer know as soon as you find out.	
WORKED HOURS: This means hours of practice, not paid hours. Practice includes clinical practice, teaching, consulting, management and research.	
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 5px;">TOTAL 2008:</td> </tr> </table>	TOTAL 2008:
TOTAL 2008:	

EMPLOYMENT STATUS						
Indicate below your employment status as of January 1, 2009.						
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Employed in PT</td> <td><input type="checkbox"/> Employed in other than PT, and not seeking employment in PT</td> </tr> <tr> <td><input type="checkbox"/> Employed in PT, on leave</td> <td><input type="checkbox"/> Unemployed and seeking employment in PT <input type="checkbox"/> Employed, unspecified</td> </tr> <tr> <td><input type="checkbox"/> Employed in other than PT, and seeking employment in PT</td> <td><input type="checkbox"/> Unemployed and not seeking employment in PT <input type="checkbox"/> Unemployed, unspecified</td> </tr> </table>	<input type="checkbox"/> Employed in PT	<input type="checkbox"/> Employed in other than PT, and not seeking employment in PT	<input type="checkbox"/> Employed in PT, on leave	<input type="checkbox"/> Unemployed and seeking employment in PT <input type="checkbox"/> Employed, unspecified	<input type="checkbox"/> Employed in other than PT, and seeking employment in PT	<input type="checkbox"/> Unemployed and not seeking employment in PT <input type="checkbox"/> Unemployed, unspecified
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<input type="checkbox"/> Employed in other than PT, and seeking employment in PT	<input type="checkbox"/> Unemployed and not seeking employment in PT <input type="checkbox"/> Unemployed, unspecified					

EMPLOYMENT CATEGORY & TYPE			
CATEGORY & TYPE OF PRIMARY EMPLOYMENT			
Category: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Facility Name</td> <td style="width: 33%;">Postal Code</td> <td style="width: 33%;">Direct Phone</td> </tr> </table>	Facility Name	Postal Code	Direct Phone
Facility Name	Postal Code	Direct Phone	
CATEGORY & TYPE OF SECONDARY EMPLOYMENT			
Category: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Facility Name</td> <td style="width: 33%;">Postal Code</td> <td style="width: 33%;">Direct Phone</td> </tr> </table>	Facility Name	Postal Code	Direct Phone
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EMPLOYMENT SETTING

Complete the Employment Setting section only if you are working as a physiotherapist in Yukon. If you have more than one employer, complete all segments twice. Use "A" to indicate primary employment and "B" to indicate secondary employment.

FOCUS OF PRACTICE

- | | | |
|---|--|---|
| <input type="checkbox"/> Clinical focus on musculoskeletal system | <input type="checkbox"/> Clinical focus on cardiovascular and respiratory system | <input type="checkbox"/> Clinical focus on more than one system |
| <input type="checkbox"/> Clinical focus on neurological system | <input type="checkbox"/> Clinical focus on skin and related structures | <input type="checkbox"/> Non-clinical focus |

PRIMARY AREA OF PRACTICE

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> General practice | <input type="checkbox"/> Oncology | <input type="checkbox"/> Critical care | <input type="checkbox"/> Other area of direct service |
| <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Client Service Management |
| <input type="checkbox"/> Burns and wound management | <input type="checkbox"/> Neurology | <input type="checkbox"/> Respiriology | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Palliative care | <input type="checkbox"/> Plastics | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Amputations | <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Perineal | <input type="checkbox"/> Teaching, physiotherapy related |
| <input type="checkbox"/> Vestibular rehabilitation | <input type="checkbox"/> Health promotion & wellness | <input type="checkbox"/> Research | <input type="checkbox"/> Continuing education |
| <input type="checkbox"/> Return to work rehabilitation | <input type="checkbox"/> Sales | <input type="checkbox"/> Other education | <input type="checkbox"/> Other areas of practice |

AGE OF CLIENTS

Complete this section only if your primary area of responsibility is direct patient care.

- | | | | |
|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> All ages |
|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|

PLACE OF EMPLOYMENT

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> General hospital | <input type="checkbox"/> Rehabilitation facility | <input type="checkbox"/> Mental health facility | <input type="checkbox"/> Residential care facility |
| <input type="checkbox"/> Assisted living residence | <input type="checkbox"/> Community health centre | <input type="checkbox"/> Post-secondary educational institution | |
| <input type="checkbox"/> Visiting agency/business | <input type="checkbox"/> Group professional practice/clinic | <input type="checkbox"/> Solo professional practice/clinic | <input type="checkbox"/> Other |
| <input type="checkbox"/> School or School Board | <input type="checkbox"/> Industry, manufacturing & commercial | <input type="checkbox"/> Association/Government/Para-government | |

EDUCATION

Degrees obtained in 2008 and not previously reported

PHYSIOTHERAPY

- | |
|--|
| <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Baccalaureate |
| <input type="checkbox"/> Masters |
| <input type="checkbox"/> Doctorate |

OTHER DEGREES

- | |
|--|
| <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Baccalaureate |
| <input type="checkbox"/> Masters |
| <input type="checkbox"/> Doctorate |

Field of Study _____

School _____

School _____

Province/Country _____

Province/Country: _____

CONTINUING EDUCATION

Hours spent on continuing education during the last registration year: _____

ATTACHMENTS

In support of my renewal application, I enclose:

1. Completed renewal form
2. Required Registration Fees
3. Proof of valid liability insurance
4. Proof of hours spent on continuing professional education during the past registration year. For informal activities please provide a list detailing the education and sign it.
5. Proof of hours spent in professional practice during the past registration year: please provide a list showing the percentage of time spent in permanent employment, self-employment, volunteer service and sign it. Physiotherapists employed by someone else submit written confirmation of their practice hours from their employer.
6. Proof of good standing in each jurisdiction in which I have practiced during the past year.

DECLARATION

Answer each of the following statements by indicating "True" or "False".

To the best of my knowledge neither my professional conduct nor my practice of physiotherapy is under investigation in any jurisdiction outside Yukon.

True False

I am not the subject of disciplinary proceedings in any jurisdiction outside Yukon.

True False

I have practiced physiotherapy in one or more jurisdictions other than Yukon during the past year.

True False

If so, which one(s)? _____

The information provided on this form is true, accurate and complete.

True False

I authorize the payment by credit card as indicated on Page 1 of this form.

True Not applicable

I have read and understand these declarations.

True False

Date: _____

Signature: _____

The information collected by this form is used to determine eligibility for licensure, to maintain the Yukon register of physiotherapists and for research and statistical purposes relating to health human resource planning. The information will be disclosed only in accordance with the *Health Professions Act*, Section 10.

ADDITIONAL INFORMATION YOU WISH TO PROVIDE

FAILURE TO RENEW REGISTRATION

Section 20(4) of the *Physiotherapists Regulation* states that if a registrant fails to apply for and pay the fee for the renewal of their registration before April 1, their registration is automatically cancelled and void by operation of law without notice to them.

Practicing physiotherapy in Yukon without a registration constitutes unprofessional conduct and will be prosecuted as an offence against the *Health Professions Act* and the *Physiotherapists Regulation* according to Section 40 of the *Act*.