



**APPLICATION**

**FOR ENDORSEMENT OF SPECIALIZED PHYSIOTHERAPY PROCEDURES**

under Sections 29 – 32 of the Physiotherapists Regulation

*All information requested in this application must be provided. Incomplete applications will not be processed. All documents submitted must be original or certified true copies of the original documents.*

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

*Street address is: Consumer Services  
2134 - 2nd Avenue  
Whitehorse, Yukon  
Y1A 5H6*

*Telephone: 867-667-5111*

1. *Name in full:* \_\_\_\_\_

2. *Maiden name (if applicable):* \_\_\_\_\_

3. *Yukon Registration Number:* \_\_\_\_\_

4. *Special procedural endorsement(s) requested:*

*Acupuncture (Regulation, Section 30)*

*Spinal Manipulation (Regulation, Section 31)*

*Assessment and treatment of urogenital and rectal conditions (Regulation, Section 32)*

*Other (please specify; Regulation, Section 29):* \_\_\_\_\_

5. *Name(s) of educational program(s) of specific theory and practice successfully completed:*

\_\_\_\_\_  
*Program*

\_\_\_\_\_  
*Year completed*

\_\_\_\_\_  
Program Year completed

\_\_\_\_\_  
Program Year completed

\_\_\_\_\_  
Program Year completed

**STATUTORY DECLARATION**

*In the matter of my application for the endorsement of specialized physiotherapy procedure(s) 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**
- 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)