



**PHYSIOTHERAPIST  
ANNUAL RENEWAL 2011**

Consumer Services C-5  
P.O. Box 2703  
Whitehorse, YT, Y1A 2C6

\* Fees are due on or before **January 31, 2011.**  
**Questions?** Call the Licensing Officer at 867-667-5940

PERSONAL INFORMATION	FEES & PAYMENT OPTIONS						
Yukon Registration Number (as stated on your Certificate of Registration):	Full and interim registration <input type="checkbox"/> \$ 200 Inactive registration <input type="checkbox"/> \$ 40						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Family Name</td> <td style="width: 33%;">Given Name</td> <td style="width: 33%;">Previous Name</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Family Name	Given Name	Previous Name				Student registration <input type="checkbox"/> no fee Full registration renewed between Feb. 1 and Mar. 31, 2011, or reinstated later <input type="checkbox"/> \$ 240
Family Name	Given Name	Previous Name					
Mailing Address	Reinstatement fee if renewed after Mar. 31 <input type="checkbox"/> \$ 40						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">Territory/Province</td> <td style="width: 33%;">Postal Code</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	City	Territory/Province	Postal Code				Renewals post-marked after January 31, 2011, 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"/>
City	Territory/Province	Postal Code					
Home Telephone Number	Card # _____ Expiry Date: _____						
Email Address							

**REMOVAL**

**Complete this section only if you no longer wish to be registered as a physiotherapist in Yukon.**  
I am no longer practising physiotherapy in Yukon and request that my name be removed from the physiotherapy register.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**HOURS SPENT IN PROFESSIONAL PRACTICE**

Hours spent as an employee from Jan. to Dec. 2010: \_\_\_\_\_ (as confirmed by employer)

Hours spent self-employed from Jan. to Dec. 2010: \_\_\_\_\_

Estimated total hours in January 2011: \_\_\_\_\_

**TOTAL HOURS:**

Volunteer hours: \_\_\_\_\_

Hours spent on continuing education (CE) during the last registration year: \_\_\_\_\_

Please complete the form titled "Annual Continuing Education Record" (available on our website at [www.community.gov.yk.ca/consumer/pl.html](http://www.community.gov.yk.ca/consumer/pl.html)) and list your continuing education, the hours spent, etc. and sign it. Submit the form together with your renewal application. A copy of a Certificate of Completion is required for sessions longer than 4 hours.

**EMPLOYMENT STATUS**

Indicate below your employment status as of January 1, 2011.

<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 in other than PT and seeking employment in PT	<input type="checkbox"/> Unemployed and not seeking employment in PT
	<input type="checkbox"/> Employed, unspecified
	<input type="checkbox"/> Unemployed, unspecified

**EMPLOYMENT CATEGORY & TYPE**CATEGORY & TYPE OF **PRIMARY** EMPLOYMENTCategory:  Permanent  Temporary  Casual  Self-employedType:  Full-Time  Part-Time

Facility Name

Postal Code

Direct Phone

CATEGORY & TYPE OF **SECOND** EMPLOYMENTCategory:  Permanent  Temporary  Casual  Self-employedType:  Full-Time  Part-Time

Facility Name

Postal Code

Direct Phone

**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 second employment.

**FOCUS OF PRACTICE (choose only one per employment setting)**

- Clinical focus on musculoskeletal system  Clinical focus on cardiovascular and respiratory system  Clinical focus on more than one system
- Clinical focus on neurological system  Clinical focus on skin and related structures  Non-clinical focus

**PRIMARY AREA OF PRACTICE (choose only one per employment setting)**

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

**AGE OF CLIENTS**

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

- Paediatrics  Adults  Seniors  All ages  Other

**PLACE OF EMPLOYMENT**

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

**EDUCATION**

Additional degrees obtained in 2010 and not previously reported

**PHYSIOTHERAPY:**  Diploma  Baccalaureate  Masters  Doctorate

School \_\_\_\_\_ Province/Country \_\_\_\_\_

**OTHER DEGREES:**  Diploma  Baccalaureate  Masters  Doctorate

Field of Study \_\_\_\_\_

School \_\_\_\_\_ Province/Country: \_\_\_\_\_

**LANGUAGE ABILITY:** Please indicate language(s) in which you are able to provide physiotherapy services

- English & French  English only  French only  Other: \_\_\_\_\_

