



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

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)