



RENEWAL OF YUKON REGISTRATION
DENTIST AND SPECIALIST DENTIST
DENTAL PROFESSION ACT

All information requested in this application must be provided. If application is not complete it will be returned or rejected. Appropriate annual licence fee must be enclosed.

Please allow 30 days for processing.

1. Name in full: Yukon Registration Number:

2. Home Address of Applicant: City

Province/Territory Postal code Home telephone number

Email address: Date of Birth: dd/mm/yyyy

3. I am practising in: Clinic Name starting on dd/mm/yyyy

4. Clinic Address: Mail to Clinic

Province/Territory Postal code Clinic telephone number

5. Are you presently licensed to practise in another jurisdiction? No Yes

If yes, where?

Limitations, restrictions or conditions on this licence: No Yes

If yes, please give specific details:

Blank lines for providing specific details regarding limitations or other jurisdictions.

6. Additional Training acquired during the past licensing year. You must have completed 60 hours of continuing education within the 3 years immediately preceding this renewal application. Please fill out the attached Annual Continuing Education Form. Individuals who are registered in both registers for general practice licence and specialist licence, continuing education requirements will apply for each licence (2x 60 hours).

7. Annual Practice Hours: please enter the total number of hours you practised during the last licensing year (in Yukon and elsewhere); Hours

8. Annual Practice Hours in Yukon only: Please enter only the number of hours you practised in Yukon during the last licensing year: Hours

AGREEMENT OF APPLICANT

I have completed **300 hours of active dentistry practice within the 3 years** preceding this renewal application. I also hereby certify that the foregoing information is true and correct to the best of my knowledge. 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. I hereby undertake to notify the Government of Yukon in writing of any change.

Dated at _____, this _____ day of _____ 20____
City Month

Signature of Applicant: _____

In support of my application, I enclose:

1. Completed renewal application form.
2. Completed Annual Continuing Education Form
3. Required licence fees.
4. If you are licensed in another jurisdiction please provide a letter of standing from this jurisdiction.

The fee schedule is as follows:

Dentist/Specialist – Resident

Annual licence fee \$200

Dentist/Specialist – Non-resident

(working in Yukon 3 months or less in licensing year)

Annual licence fee \$50

Please make your cheque payable to Government of Yukon, or complete payment information form YG5924 at: <http://www.gov.yk.ca/forms/cs.html#cs1>

Important Note: Professional Licensing and Regulatory Affairs will **NOT** accept payment by email or fax

Please contact Professional Licensing and Regulatory Affairs at 867-667-5111 or fax 867-667-3609 or e-mail PLRA@gov.yk.ca for inquiries

Your completed application and fee are due and payable before March 31.

Please fill out this form, print, sign and return your documents and fees to:

Mail:

Professional Licensing and Regulatory Affairs, C-5
Box 2703
Whitehorse, Yukon Y1A 2C

Courier or Dropoff:

Professional Licensing and Regulatory Affairs, C-5
307 Black Street
Whitehorse, Yukon Y1A 2N1

