

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 Licence 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 _____

4. Clinic Address: _____
City _____

Province/Territory _____ Postal code _____ Clinic telephone number _____ Mail to Clinic

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: _____

6. Additional training acquired during the past licensing year:

| <u>Course</u> | <u>Dates of Training</u> |
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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 APPLICATION

I 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 Territory/Province

Signature of Applicant: _____

In support of my application, I enclose:

1. Completed renewal application form.
2. Required licensing fees.
3. If you are licensed in another jurisdiction please provide a letter of standing from this jurisdiction.

The fee schedule is as follows: **Dental Hygienist** 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 fee to:

Mail:
Professional Licensing and Regulatory Affairs, C-5
Box 2703
Whitehorse, Yukon Y1A 2C6

Courier or Dropoff address:
Professional Licensing and Regulatory Affairs, C-5
307 Black Street
Whitehorse, Yukon Y1A 2N1