

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

Please allow 30 days for processing.

1. Name in full: _____ Gender: F M

2. Maiden name (if applicable): _____

3. Date of birth: _____ Location _____
dd/mm/yyyy

4. Home address of applicant: _____
City

Province/Territory Postal code Home telephone number

Email address: _____

5. I expect to practise in: _____ starting on: _____
Clinic Name dd/mm/yyyy

6. Clinic Address: _____
City

Province/Territory Postal code Clinic telephone number Mail to Clinic

7. 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: _____

8. Place of Graduation: _____

9. Year of Graduation: _____
yyyy

10. Give addresses of all locations and dates in which you have practised as a dental therapist for the three years preceding this application:

11. Have you ever been the subject of an inquiry? No Yes

If yes, state facts (attached additional pages if required): _____

12. Have you ever been convicted of any criminal offence? No Yes

If yes, state facts (attach additional pages if required): _____

I _____
Print name in full

hereby make application for registration and licensure in Yukon in accordance with the *Dental Profession Act*.

Signature of Applicant

In support of my application, I enclose:

1. Completed application form.
2. Required registration and licensing fees.
3. A certified copy of the document(s) which legally entitles me to reside and work in Canada.
4. • Dental Therapist Certificate issued by a regulatory authority in another Canadian jurisdiction; **and**
• a letter of standing from the authority that issued this licence;

The fee schedule is as follows:

Dental Therapist Registration (\$100) 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

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 2C6

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

In the matter of my application for registration and licensure with Yukon, I _____
Print name in full

of _____ in the province/territory of _____
City

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 and accurate account of my qualifications; and
2. that I authorize the licensing authorities and persons named herein to give such information to the Yukon licensing authority as required;

and I make this solemn declaration conscientiously believing it to be true.

Declared before me at _____ in _____
City Province/Territory

this _____ day of _____, 20 _____

Signature & Seal of Notary Public

Signature of Applicant