

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

9. Provide a true chronological summary of your educational history giving names of institutions attended, dates of attendance and degrees or diplomas received:

Institution:	Location:	Date of entering:	Date of Graduation:	Degree obtained:

10. Year you achieved certification with the National Dental Examining Board of Canada: _____
yyyy

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: _____

I, _____
Print name in full Signature of Applicant

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

In support of my application, I enclose:

1. Completed application form.
2. Required registration and licensing fees.
3. • Certificate as a dentist issued by a regulatory authority in another Canadian jurisdiction that is party to the Agreement on Internal Trade; **and**
• a letter of standing from the authority that issued this licence;

OR

Certificate of qualification from the National Dental Examining Board of Canada, **and one of the following:**

- Certified copy of Degree indicating graduation from a dental program accredited by the Commission of Dental Accreditation of Canada or by the American Dental Association on Dental Accreditation; **or**
 - Proof of completion of National Dental Examination Board of Canada equivalency program; **or**
 - Proof of completion of a qualifying or degree completion program at an accredited Canadian university.
4. A certified copy of the document(s) which legally entitles me to reside and work in Canada.

The fee schedule is as follows:

Dentist — Resident

Registration	\$400
Annual licence fee	\$200

Dentist — Non-resident

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

Registration fee	\$50
Annual licence fee	\$50

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

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



STATUTORY DECLARATION
DENTAL PROFESSION ACT

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