

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. Clinic name: \_\_\_\_\_

5. Clinic address: \_\_\_\_\_ Mail to Clinic   
City

Province/Territory Postal code Clinic telephone number

Email address: \_\_\_\_\_

6. Home address: \_\_\_\_\_  
City

Province/Territory Postal code Home telephone number

7. I expect to practise in: \_\_\_\_\_ starting on: \_\_\_\_\_  
Clinic Name dd/mm/yyyy

8. 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. Are you qualified to practise denturism with partial dentures?  No  Yes

If yes, please give specific details: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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 *Denturists 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. Certified copy of licence issued by a regulatory authority in another Canadian jurisdiction that is party to the Agreement on Internal Trade (currently all jurisdictions in Canada except Nunavut).
5. A letter of standing from the licensing authority that issued this licence.

The fee schedule is as follows:

**Resident Denturist**

Registration fee     \$200.  
Annual licence fee   \$100.

**Non-Resident Denturist**

(practising in Yukon for 3 months or less in licensing year)

Registration fee     \$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](mailto: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