



CHIROPRACTOR LICENCE RENEWAL APPLICATION

Use this form to renew your chiropractor licence. You must visit the [chiropractor licence renewal web page](#) to complete your application package. Full instructions, forms and guidance documents are found on the web page.

For convenience, a brief checklist of required supporting documentation is provided below.

Renewal deadline: Submit your renewal application before **March 1** to ensure we can process your licence before it expires.

Supporting documentation checklist (More information is found on the [application website](#).)

- Proof of a minimum of \$1,000,000 of professional liability insurance.
- Verification of employment for health professions or verification of self-employment form.
- Continuing education form with supporting documentation.
- Payment information form. (\$50 for licence.)



CHIROPRACTOR LICENCE RENEWAL APPLICATION

Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as “not applicable.”

Applicant information					
Legal last name	Legal first name(s)	Legal middle name(s)			
Other names by which you may be known			Yukon licence number		
Email			Phone		
Mailing address	City	Prov./terr.	Postal code	Country	
Physical address <i>(if different from mailing address)</i>	City	Prov./terr.	Postal code	Country	
Education information					
List any completed degrees/diplomas related to chiropractic practice that you have received in the past year or since you last held a Yukon licence.					
Institution name	City, prov./terr., country	Start date	End date	Name of degree/diploma	
Registration					
State the jurisdiction(s) you are registered in as a chiropractor.					
Province/territory	Country				
Employment					
State the following for your current employer(s).					
Employer name	City, prov./terr., country	Start date	End date	Email	

Declarations**If you answer 'yes' to any question below, additional information may be requested.**

Have you ever been denied registration or licensure by a registration or licensing authority for chiropractic practice in Yukon or any other health profession in Yukon or any other province, territory, state or country?

Yes
 No

Do you have a criminal record?

Yes
 No

Have you ever been subject to any investigative proceedings with respect to professional misconduct, incompetence, or incapacity, in chiropractic practice or any other health profession, in Yukon or any other province, territory, state or country?

Yes
 No

Are you currently under investigation or involved in any proceedings which could result in the withdrawal of your chiropractor registration by a registration/licensing authority in any province, territory, state or country?

Yes
 No

Are you or have you ever been registered in another health profession, other than chiropractic practice in any province, territory, state or country?

Yes
 No

If yes, what profession and in what jurisdiction? _____

Personal certification

Yes, I hereby certify that I am the person making application for registration as a chiropractor in Yukon, and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of an issued licence.

 Signature of applicant

 YYYY/MM/DD

Date