



OPTOMETRIST LICENCE RENEWAL APPLICATION

Use this form to renew your optometrist licence. You must visit the [optometrist 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](#).)

- Annual continuing education form with supporting documentation.
- Proof of cardiopulmonary resuscitation (CPR level C). (Required if **renewing** your therapeutic pharmaceutical agent endorsement.)
- If **applying** for therapeutic pharmaceutical agent (TPA) endorsement for the first time, you must provide:
 - Proof of diagnostic pharmaceutical agent certification from an accredited school of optometry.
 - Proof of cardiopulmonary resuscitation (CPR level C).
- Payment information form. (\$50 for non-resident or \$200 for resident.)



OPTOMETRIST 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."

Select one:	<input type="checkbox"/> Resident licence
	<input type="checkbox"/> Non-resident licence

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 optometry 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 an optometrist.

Province/territory	Country

Employment

State the following for your current employer(s).

Employer name	City, prov./terr., country	Start date	End date	Email

Licence endorsements

- I am applying for therapeutic pharmaceutical agent (TPA) certification. (Select if newly applying for certification.)
- I am renewing my TPA certification. (Attach supporting documents to the application package.)

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 optometry in Yukon or any other health profession in Yukon or any other province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to any investigative proceedings with respect to professional misconduct, incompetence, or incapacity, in optometry or any other health profession, in Yukon or any other province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation or involved in any proceedings which could result in the withdrawal of your optometrist registration by a registration/licensing authority in any province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been registered in another health profession, other than optometrist in any province, territory, state or country? If yes, what profession and in what jurisdiction? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal certification

Yes, I hereby certify that I am the person making application for registration as an optometrist 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