

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

Apply for a full licence if you want to work in Yukon to your full scope of practice. For convenience, a brief checklist of required supporting documentation is provided below.

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

- Copy of 1 pieces of government-issued photo ID.
- An official transcript confirming graduation from an accredited school of optometry or of completion of the International Optometric Bridging Program. (Required for applicants who are not registered in another jurisdiction. School must send the transcripts directly to PLRA.)
- Proof you have completed the Optometry Examining Board of Canada exam or the international bridging program. (Required if you are not registered in another Canadian jurisdiction.)
- Certificate of standing. (Required if you are licensed in another jurisdiction. Must be sent to PLRA directly from the jurisdiction.)
- If applying for therapeutic pharmaceutical agent (TPA) endorsement, you must provide:
 - Proof of Diagnostic Pharmaceutical Agent certification from an accredited school of optometry.
 - Proof of Cardiopulmonary resuscitation (CPR).
- Payment information form.



OPTOMETRIST LICENCE 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."

<input type="checkbox"/> Resident licence <input type="checkbox"/> Non-resident licence Start date in Yukon: <u>YYYY/MM/DD</u>
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Applicant information

Legal last name	Legal first name(s)	Legal middle name(s)		
Other names by which you may be known		Date of birth YYYY/MM/DD		
Email		Phone		
Mailing address	City	Prov./terr.	Postal code	Country
Physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country

Education information

Name of the optometrist program you completed	Date you completed the program YYYY/MM/DD
Name of the educational institute you attended to complete the program	
City/town, province/territory of institute	Country of institute
If applicable, date you passed your International Optometric Bridging Program: YYYY/MM/DD	
If applicable, date you passed the Optometry Examining Board of Canada exam: YYYY/MM/DD	

Provide a chronological summary of your post secondary educational history relating to optometry, giving names of institutions attended, dates of attendance, and degrees or diplomas received.

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. (Ensure a certificate of standing is obtained for each jurisdiction listed.)

Province/territory	Country

Employment

State the following for your current employer(s) and most recent employer(s) prior to application.

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

Licence endorsements

I am applying for therapeutic pharmaceutical agent (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 applied for an optometrist licence in Yukon before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied registration or licensure by a registration or licensing authority for an optometrist 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 nursing registration by a registration/licensing authority for optometry 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 optometry 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

Date

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at optometrists.pra@gov.yk.ca.