

**Specialist Licence — An individual may hold a specialist registration only for a nationally recognized dental specialty established by the Royal College of Dentists of Canada (RCDC).**

Name of Specialty for registration: \_\_\_\_\_

**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 \_\_\_\_\_

7. Are you presently licensed to practise in another jurisdiction?  No  Yes

If yes, where? \_\_\_\_\_

8. Give addresses of all locations and dates in which you have practised as a Specialist 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 Royal College of Dentists of Canada: \_\_\_\_\_

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

hereby make application for registration and licensure in Yukon in accordance with the *Dental Profession 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. • Certificate as a dental specialist 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;

**NOTE:** It is not necessary for an individual to also hold a general Yukon practice licence in order to be registered as a specialist. However, if you are licensed in both registers, continuing education requirements will apply for **each** licence.

The fee schedule is as follows:

**Specialist Dentist – Resident**

Registration \$400   
Annual licence fee \$200

**Specialist Dentist – Non-resident**

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

Registration fee \$50   
Annual licence fee \$50

**NOTE:** If you are a specialist dentist who also holds a general Yukon registration as a dentist, please call Professional Licensing and Regulatory Affairs at 867-667-5111 for applicable fees.

**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

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  
YG(5769EQ)F3 Rev.3/2014

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