

RENEWAL APPLICATION
FOR FULL, INTERIM AND INACTIVE REGISTRATION LICENCES
PHYSIOTHERAPISTS

Mailing Address

Registrar of Health Professions
Professional Licensing and Regulatory Affairs
Department of Community Services
Box 2703, C-5
Whitehorse, Yukon Y1A 2C6

Office Location & Contact Information

Main Floor, 307 Black Street
Whitehorse, Yukon
Phone: (867) 667-5111
Fax: (867) 667- 3609
Email: plra@gov.yk.ca

Applicant Name: _____ Licence Number: _____

Former Name(s) used (such as maiden name): _____

Residential Address: _____

City: _____ Prov/Terr.: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Mailing Address (if different from Residential Address): _____

City: _____ Prov/Terr.: _____ Postal Code: _____

I am applying for the renewal of:

- Full Registration Licence (Complete Section A)
- Interim Registration Licence (Complete Section B)
- Inactive Registration Licence (Complete Section C)

SECTION A – FULL REGISTRATION LICENCE

1. LICENCE STATUS:

I currently hold a Full Registration Licence in Yukon.

- Yes No

2. CONTINUING COMPETENCE:

NOTE: You may be asked to provide additional proof of your professional practice hours, including continuing professional education, and competence of specialized physiotherapy procedures, to the Registrar of Health Professions, either before or after the issue of any licence to authenticate the information contained in this application.

I have accrued **at least** 1200 professional practice hours in the **past 5 years**.

- Yes No

If YES:

Of my 1200 professional practice hours, **at least** 60 hours, but not more than 300, were spent on continuing professional education.

- Yes No

Of my 1200 professional practice hours, **not more than** 300 hours were spent on volunteer service.

- Yes No

3. PLACE OF PRACTICE AND STANDING:

a. During the *past 12 months*, I practiced physiotherapy in the following jurisdictions:

- | | |
|---|---|
| <input type="checkbox"/> Yukon | <input type="checkbox"/> Ontario |
| <input type="checkbox"/> North West Territories | <input type="checkbox"/> Quebec |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Newfoundland |
| <input type="checkbox"/> Manitoba | |

b. For each jurisdiction **other than Yukon** where I have practiced physiotherapy during the *past 12 months*, I enclose proof of good standing.

- Yes No

4. DISCIPLINE DISCLOSURE:

I am currently, or have been at any time, the subject of a disciplinary investigation, hearing or proceeding in relation to the profession of physiotherapy.

- Yes No

If YES, provide a declaration of full disclosure, which should include details for each disciplinary investigation, hearing or proceeding you have been a party to (attach on a separate piece of paper, if needed):

The disciplinary action(s) occurred in: _____ in _____
 Place(s) *Year(s)*

The nature of the disciplinary actions/proceedings and status/outcome:

5. LIABILITY INSURANCE

NOTE: You may be asked to provide additional proof of your liability insurance coverage by the Registrar of Health Professions either before or after the issue of any licence to authenticate the information contained in the application.

a. I am currently insured for at least \$1 million against liability for claims against me.

- Yes No

b. I am insured for at least \$1 million against liability for claims against me for at least the **next 12 months**.

- Yes No

SECTION B - INTERIM REGISTRATION LICENCE

1. LICENCE STATUS:

I currently hold an Interim Registration Licence in Yukon.

- Yes No

If YES:

I first obtained a Interim Practice Registration Licence in Yukon in: _____
 Month, Year

2. EDUCATIONAL REQUIREMENTS:

NOTE: An applicant must have graduated from an approved physiotherapy program within three years prior to submitting an application for an interim licence according to s.14(1) of the Physiotherapists Regulation.

a. I am a graduate of: _____
Educational institution, physiotherapy program

Month, Year: _____
Month, Year of graduation

b. I am registered to write the clinical component of the Physiotherapy Competency Examination administered by the

Alliance on: _____
Date (Month, Day, Year)

3. PLACE OF PRACTICE AND STANDING:

a. During the **past 12 months**, I practiced physiotherapy in the following jurisdictions:

- Yukon
- North West Territories
- Nunavut
- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland

b. For each jurisdiction **other than Yukon** where I have practiced physiotherapy during the **past 12 months**, I enclose proof of good standing.

Yes No

4. DISCIPLINE DISCLOSURE:

I am currently, or have been, the subject of a disciplinary investigation, hearing or proceeding in relation to the profession of physiotherapy.

Yes No

If YES, provide details for each disciplinary investigation, hearing or proceeding you have been party to (attach on a separate piece of paper, if needed):

The disciplinary action(s) occurred in: _____ in _____
Place(s) Year(s)

The nature of the disciplinary actions/proceedings and status/outcome:

5. LIABILITY INSURANCE

NOTE: You may be asked to provide additional proof of your liability insurance coverage by the Registrar of Health Professions either before or after the issue of any licence to authenticate the information contained in the application.

a. I am currently insured for at least \$1 million against liability for claims against me.

Yes No

b. I am insured for at least \$1 million against liability for claims against me for at least the **next 12 months**.

Yes No

6. SUPERVISION REQUIREMENTS:

- a. My supervisor(s) are: _____
Name of supervisor(s)
- b. I will be working at: _____
Name of health facility, business or clinic

7. PROFESSIONAL TITLE

NOTE: According to s.14(4) of the Physiotherapists Regulation, a registrant is entitled to use the title “Interim Physiotherapist”.

I confirm that I will use the title “Interim Physiotherapist” rather than Physiotherapist.

- Yes No

SECTION C – INACTIVE REGISTRATION LICENCE

1. LICENCE STATUS:

I currently hold an Inactive Registration Licence in Yukon.

- Yes No

2. PRACTICE STATUS:

- a. I am not currently engaged in the practice of physiotherapy.

- Yes No

Please provide explanation if you are still engaged in the practice of physiotherapy.

- b. I will not be engaged in the practice of physiotherapy at any time during the next 12 months.

- Yes No

Please provide explanation if you are planning to engage in the practice of physiotherapy in the near future.

3. DISCIPLINE DISCLOSURE:

I am currently or have been, the subject of a disciplinary investigation, hearing or proceeding in relation to the profession of physiotherapy.

- Yes No

If Yes, provide details for each disciplinary investigation, hearing or proceeding you have been party to (*attach on a separate piece of paper, if needed*):

The disciplinary action(s) occurred in: _____ in _____
Place(s) *Year(s)*

The nature of the disciplinary actions/proceedings and status/outcome:

ADVANCED TRAINING

SPECIALIZED PHYSIOTHERAPY PROCEDURES

I currently hold a specialized physiotherapy procedure endorsement on my licence.

- Yes No

If YES:

I have the following specialized physiotherapy procedure endorsements:

- Acupuncture Urogenital and Rectal Conditions
 Spinal Manipulation

In the past 12 months, I practiced my specialized physiotherapy procedures:

- Regularly Rarely
 Occasionally Not at all

PRESENT EMPLOYMENT

EMPLOYMENT TYPE:

- Employed as a physiotherapist
 Not employed as a physiotherapist
(if checking this box, skip to "Post-Basic Education in Physiotherapy").

Employed by more than one employer:

- Yes No

At my **primary** place of employment, where I practice physiotherapy, I work:

- 10 – On a full-time basis 20 – On a part-time basis

My employment status with my **primary** employer is (check one only):

- 10 Permanent 30 Casual
 20 Temporary 40 Self-employed

At my **second** place of employment, where I practice physiotherapy, I work:

- 10 – On a full-time basis 20 – On a part-time basis

My employment status with my **second** employer is (check one only):

- 10 Permanent 30 Casual
 20 Temporary 40 Self-employed

PLACE OF WORK:

Primary Employer/worksite _____ Primary worksite postal code: _____

Second Employer/worksite _____ Second worksite postal code: _____

Enter one place of work code for each employer:

Primary Employer/
Worksite

Second Employer/
Worksite

010 General hospital

020 Rehabilitation hospital/ facility

030 Mental health hospital/facility

040 Residential care facility

050 Assisted living residence

060 Community health centre

070 Visiting agency/business

080 Group professional practice/clinic

090 Solo professional practice/clinic

100 Post-secondary educational institution

110 School or School Board

120 Association/Government/Para-government

130 Industry, manufacturing & commercial

140 Other

AREAS OF PRACTICE (CHOOSE ONLY ONE PER EMPLOYER/WORKSITE)

In the applicable employer boxes below, please indicate which code number best describes your area of practice at that worksite.

Primary Employer/
Worksite Second Employer/
Worksite

- | | | | | | |
|-----|-----------------------------|-----|------------------------------|-----|---------------------------------|
| 014 | General practice | 094 | Perineal | 160 | Other areas of practice |
| 024 | Sports medicine | 100 | Other area of direct service | 174 | Return to work rehabilitation |
| 034 | Burns and wound management | 104 | Oncology | 184 | Ergonomics |
| 044 | Plastics | 110 | Administration | 214 | Consultant |
| 054 | Amputations | 114 | Critical care | 234 | Teaching, physiotherapy related |
| 064 | Orthopedics | 120 | Client Service Management | 244 | Continuing education |
| 074 | Rheumatology | 124 | Cardiology | 254 | Other education |
| 080 | Palliative care | 134 | Neurology | 264 | Sales |
| 084 | Vestibular rehabilitation | 144 | Respirology | | |
| 090 | Health promotion & wellness | 150 | Research | | |

FOCUS OF PRACTICE (CHOOSE ONLY ONE PER EMPLOYER/WORKSITE)

In the applicable employer boxes below, please indicate which code number best describes your focus of practice at that worksite.

Primary Employer/
Worksite Second Employer/
Worksite

- | | | | |
|----|---|----|---|
| 14 | Clinical focus on musculoskeletal system | 44 | Clinical focus on skin and related structures |
| 24 | Clinical focus on neurological system | 54 | Clinical focus on more than one system |
| 34 | Clinical focus on cardiovascular and respiratory system | 64 | Non-clinical focus |

PATIENT TYPE

In the applicable employer boxes below, please indicate which code number best describes the type of patients you care for at that worksite.

Primary Employer/
Worksite Second Employer/
Worksite

- | | | | |
|----|-------------|----|----------|
| 24 | Paediatrics | 44 | All ages |
| 30 | Adults | 50 | Other |
| 40 | Seniors | | |

LANGUAGE

I provide physiotherapy in the following languages (*check all that apply*):

- English French
 Other: _____

POST-BASIC EDUCATION IN PHYSIOTHERAPY

In the **past 12 months**, I have obtained the following advanced education in physiotherapy:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Baccalaureate (Bachelor) | <input type="checkbox"/> Doctorate |

In the past 12 months, I graduated from:

(Education Institution, Physiotherapy Program, Place)

CHECKLIST

For application to renew my Full Registration Licence, I enclose:

- Signed Renewal Application Form, with completed **Section A**
- Proof of good standing for jurisdictions of practice other than Yukon
- Registration fee on or before January 31 – \$200**
- Late registration fee after *January 31 and before March 31* – \$240**
- Appendix A: Credit Card Information Form (if paying fees by credit card)

For application to renew my Interim Registration Licence, I enclose:

- Signed Renewal Application Form, with completed **Section B**
- Proof of good standing for jurisdictions of practice other than Yukon
- Registration fee on or before January 31 – \$200**
- Late registration fee after *January 31 and before March 31* – \$240**
- Appendix A: Credit Card Information Form (if paying fees by credit card)

For application to renew my Inactive Registration Licence, I enclose:

- Signed Renewal Application Form, with completed **Section C**
- Registration fee on or before January 31 – \$40**
- Appendix A: Credit Card Information Form (if paying fees by credit card)

PRINT THIS FORM AND SIGN THE DECLARATION BELOW CONFIRMING THAT THE INFORMATION YOU HAVE PROVIDED IS ACCURATE.

DECLARATION OF APPLICANT

I certify that the information that I have provided is complete and correct.

Signature

Date

Providing false information can have serious consequences, including the rejection of your application or revocation of your licence/registration.

The information collected in this form is used to determine eligibility for licensure, to maintain the Yukon register of physiotherapists and for research and statistical purposes related to health human resource planning. The latter is shared in non-identifiable form only. The information will be disclosed only in accordance with the *Access to Information and Privacy Protection Act*.

This page is intentionally left blank for printing purposes.
For payment options of licence fees please see next page.

Yukon Government Branch of Professional Licensing and Regulatory Affairs
can only accept payments by mail, phone and courier.

MAIL

Professional Licensing &
Regulatory Affairs
Department of Community
Services (C-5)
P.O. Box 2703
Whitehorse, Yukon
Y1A 2C6

PHONE

867-667-5111

Or Toll Free
Within Yukon
1-800-661-0408
Ext. 5111

COURIER

Professional Licensing &
Regulatory Affairs
Department of Community
Services (C-5)
307 Black Street
Whitehorse, Yukon
Y1A 2N1

Fax or e-mail is not acceptable

For security reasons we cannot accept personal financial information by email or fax.

Name (print): _____

Profession: _____ New Renewal Other

PAYMENT

Amount \$ _____ *(Please refer to amount listed on application)*

VISA MASTERCARD AMEX

Number: _____ Expiry Date : _____

Signature

**YUKON GOVERNMENT DOES NOT PERMIT PHYSICAL OR
ELECTRONIC STORAGE OF CARDHOLDER DATA.
THIS INFORMATION WILL BE DESTROYED IN ACCORDANCE WITH YUKON GOVERNMENT POLICY &
PAYMENT CARD INDUSTRY DATA SECURITY STANDARD.**