

Complete this form if you are a professional practising in Yukon and must prove you have met your profession’s continuing competency requirements. You must visit the profession specific web page to complete your application package. Full instructions, forms and guidance documents are found on the web page.

**Continuing competence requirements summary table:**

Profession	Professional practice hours	Continuing education hours	Volunteer hours
Licensed practical nurse	1000 in the last 4 years	60 – 300 of the 1000	Up to 300 of the 1000
Registered psychiatric nurse	1400 in the last 5 years	60 – 300 of the 1400	Up to 300 of the 1400
Physiotherapist	1200 in the last 5 years	60 – 300 of the 1200	Up to 300 of the 1200
Chiropractor	200 in the last 2 years	36 in the last 3 years	N/A
Dentist	300 in the last 3 years	60 in the last 3 years	N/A
Optometrist	N/A	12 in the last year – 6 in treatment/management of ocular disease	N/A
Pharmacist	N/A	15 in the last year	N/A

**Instructions:**

- Use this form to list your continuing education hours. We do not accept any other forms.
- Fill out one form for every year you are claiming hours for. For example, a dentist applying in 2018 would likely fill out 3 forms: 2017, 2016, and 2015. Be sure to include all required supporting documentation for each form you complete.
- You must complete page 3 of this form if the CE hours you are claiming are not clearly related to your profession. Examples of hours not clearly related to a profession could be computer, or management courses.
- You must provide supporting documentation for any course you are claiming that is 4 hours or more. We accept a variety of supporting documentation. However, all supporting documentation for courses over 4 hours must have:
  - Your name;
  - Date you completed the course; and
  - Total hours for the course.

If a course certificate does not offer this information, you can use the [verification of completed continuing education form](#).



PROFESSIONAL LICENSING AND REGULATORY AFFAIRS  
**ANNUAL CONTINUING EDUCATION (CE)**

**Fill out one form per year.** You must provide supporting documentation for any course over 4 hours. Visit [yukon.ca](http://yukon.ca) for more guidance.

Yukon licence #	Year of CE activities
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First name	Last name	<b>Choose one:</b> <input type="checkbox"/> Licensed practical nurse <input type="checkbox"/> Registered psychiatric nurse <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Dentist <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist
Email	Phone	

Date	Title and description of completed CE activities	Course provider, instructor or other verification for education	No. of hrs	Proof attach.
1 YYYY/MM/DD				<input type="checkbox"/>
2 YYYY/MM/DD				<input type="checkbox"/>
3 YYYY/MM/DD				<input type="checkbox"/>
4 YYYY/MM/DD				<input type="checkbox"/>
5 YYYY/MM/DD				<input type="checkbox"/>
6 YYYY/MM/DD				<input type="checkbox"/>
7 YYYY/MM/DD				<input type="checkbox"/>
8 YYYY/MM/DD				<input type="checkbox"/>
9 YYYY/MM/DD				<input type="checkbox"/>
<b>Total hours</b>				

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 YYYY/MM/DD  
 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 [inquiry.plra@gov.yk.ca](mailto:inquiry.plra@gov.yk.ca).

