



# VERIFICATION OF EMPLOYMENT FOR HEALTH PROFESSIONS

Complete this form to verify professional practice hours you are claiming as part of your continuing competency requirements. Professional practice hours refer to all hours worked in accordance with an individual's formal job description, but do not include vacation, sick time, leave of absence, or any other paid/unpaid non-practice hours.

Occupation:	
<input type="checkbox"/> Licensed practical nurse	<input type="checkbox"/> Registered psychiatric nurse
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> Dentist	

### To be filled out by applicant

Last name	First name(s)	Middle name(s)
Other names by which you may be known		Yukon licence number

In order to process my application, Professional Licensing and Regulatory Affairs (PLRA), the regulatory authority in Yukon, is requesting information in regard to my employment with your organization. I give consent to you to provide any and all information to PLRA regarding my professional practice. This shall constitute your legal authority to provide this information, and any other information PLRA may request, in regard to my application and verification of employment and professional practice hours.

Applicant's signature	Date YYYY/MM/DD
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### To be filled out by employer

This is to verify that \_\_\_\_\_ is/was employed as \_\_\_\_\_

NAME OF EMPLOYEE POSITION

by \_\_\_\_\_

NAME OF EMPLOYING AGENCY

\_\_\_\_\_

STREET ADDRESS      CITY/TOWN      PROVINCE/TERRITORY/STATE      POSTAL/ZIP CODE      COUNTRY

between YYYY/MM/DD and YYYY/MM/DD.

Hours worked per year	1. Year: _____ # of hours: _____
	2. Year: _____ # of hours: _____
	3. Year: _____ # of hours: _____
	4. Year: _____ # of hours: _____
	5. Year: _____ # of hours: _____

**To be filled out by employer (continued)**

Other information:

**I certify that the information given is true and complete.**

Name (print)		Title and professional designation
Name of employing agency or facility		Address
Phone	Fax	Email
Authorizing signature		Date YYYY/MM/DD

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, by fax at 867-667-3609, or by email at inquiry.plra@gov.yk.ca.