



PROFESSIONAL LICENSING AND REGULATORY AFFAIRS  
**VERIFICATION OF VOLUNTEER HOURS**

Complete this form if you would like to use volunteer hours towards your continuing competency requirements. We only accept volunteer hours directly related to the advancement of your profession.

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

| 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      |         |
| Mailing address   |  | City   | Prov./terr. | Postal code               | Country |
| Email   |  | Phone  |             |                           |         |
| Organization  |  | Date of volunteer service<br>From <b>YYYY/MM/DD</b> to <b>YYYY/MM/DD</b> |             |                           |         |
| <p>In order to process my application, Professional Licensing and Regulatory Affairs (PLRA), the regulatory authority in Yukon, is requesting information in regard to my volunteer service with your organization. I give consent to you to provide any and all information to PLRA regarding my volunteer service. 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 volunteer hours.</p> |  |  |             |                           |         |
| Applicant's signature   |  |  |             | Date<br><b>YYYY/MM/DD</b> |         |

| To be filled out by organization                          |                |                          |                   |         |  |
|---|----------------|--------------------------|-------------------|---------|--|
| This is to verify that _____ is/was volunteering as _____ |                |                          |                   |         |  |
| NAME OF VOLUNTEER   |                |                          | POSITION          |         |  |
| for _____   |                |                          |                   |         |  |
| NAME OF ORGANIZATION                                      |                |                          |                   |         |  |
| STREET ADDRESS  | CITY/TOWN      | PROVINCE/TERRITORY/STATE | POSTAL/ZIP CODE   | COUNTRY |  |
| between <b>YYYY/MM/DD</b> and <b>YYYY/MM/DD</b> .         |                |                          |                   |         |  |
| Hours of service 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 organization (continued)**

Other information:

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

|                       |     |                                    |
|-----------------------|-----|------------------------------------|
| Name (print)          |     | Title and professional designation |
| Name of organization  |     | Address                            |
| Phone                 | Fax | Email                              |
| Authorizing signature |     | Date<br>YYYY/MM/DD                 |

Return form directly to Professional Licensing and Regulatory Affairs (PLRA):

**By mail:**

Professional Licensing and Regulatory Affairs (PLRA) (C-5)  
Box 2703  
Whitehorse, Yukon, Y1A 2C6

**In person or by courier:**

307 Black Street  
Whitehorse, Yukon, Y1A 2N1

**By email:**

LPN and RPN      lpn-rpn.plra@gov.yk.ca  
Physiotherapist      physio.plra@gov.yk.ca

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.