



PROFESSIONAL LICENSING AND REGULATORY AFFAIRS
VERIFICATION OF COMPLETED CONTINUING EDUCATION

Use this form if you do not have a certificate or equivalent for the course(s) you are claiming towards your continuing education requirement. You must have your instructor/manager complete and sign this form. Include as supporting documentation with your annual continuing education form.

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

To be filled out by applicant

Last name	First name(s)	Middle name(s)
Other names by which you may be known	Email	Phone

Course(s)

I hereby authorize you to provide any and all information to Professional Licensing and Regulatory Affairs (PLRA) regarding my continuing education.

Applicant's signature	Date YYYY/MM/DD
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To be filled out by the instructor/manager

I _____ confirm that _____
 completed the following courses: APPLICANT NAME

Course name	Date completed	Hours
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	

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 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.