



PROFESSIONAL LICENSING AND REGULATORY AFFAIRS
CONTINUING COMPETENCY EXEMPTION REQUEST

If you have not completed the hours or documentation requirements, complete this form. Each form is reviewed on a case by case basis.

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

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			

Explain why you are unable to meet your professional practice hours requirement.

Explain why you are unable to meet your continuing education hours requirement.

Applicant's signature

Date

YYYY/MM/DD

OFFICE USE ONLY Approved: Yes No By: _____

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.