



# PHYSIOTHERAPISTS APPLICATION FOR SPECIAL ENDORSEMENT

Complete one form per endorsement:

Acupuncture     Dry needling     Spinal manipulation     Urogenital and rectal condition

## Applicant information

Last name	First name(s)	Middle name(s)
Yukon licence number (if applicable)	Email	Phone

## Education information

List the completed program for the chosen endorsement and attach a copy of the diploma, degree or certificate.

Institution name	City, prov/terr., country	Start date	End date	Name of program

**Declarations** – If you check **NO** to any of the statements below, fill out the additional program information section.

I have completed a post-graduate acupuncture education and training program as set out by the [Acupuncture Foundation of Canada Institute](#) which resulted in a passing grade and have provided proof to the registrar.  Yes  
 No  
 N/A

I have completed a post-graduate dry needling education and training program approved by the Yukon Physiotherapist Advisory Committee which resulted in a passing grade and have provided proof to the registrar.  Yes  
 No  
 N/A

I have completed a post-graduate spinal manipulation education and training program as set out by the [Orthopaedic Division of the Canada Physiotherapy Association](#) which resulted in a passing grade and have provided proof to the registrar.  Yes  
 No  
 N/A

## Additional program information

If you answered no to any of the declarations above, or are applying for a **urogenital and rectal condition** endorsement complete the following. This information will be used by the Physiotherapists Advisory Committee to evaluate the program's suitability.

Detailed description of theoretical component of program.

Detailed description of practical component of program.

Detailed description of safety component of program.

**Attach documentation from the instructor or institution that shows the process and results of your final evaluation.**

I, \_\_\_\_\_ declare:

- I have read and understand the applicable practice standards related to the performance of specialized physiotherapy procedures, which are those of the [College of Physical Therapists of British Columbia](#).
- I will use this procedure in my practice only within the scope enabled by the approved education program.
- The information provided in this application is true.

Signature

Date

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:**

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 physio.plra@gov.yk.ca.