

You must visit the [physiotherapist full certificate application web page](#) to complete your application package. Full instructions, forms and guidance documents are found on the web page.

Apply for a full licence if you want to work in Yukon to your full scope of practice. For convenience, a brief checklist of required supporting documentation is provided below.

### Supporting documentation checklist (More information is found on the [application website](#).)

- Copies of 2 pieces of government-issued ID.
- Transcripts from your school confirming graduation from a physiotherapy program. (School must send the transcripts directly to Professional Licensing and Regulatory Affairs (PLRA).)
- Proof of completion of the Physiotherapy Competency Exam (PCE). (Required if you are not registered in another jurisdiction.)
- Certificate of standing. (Required if you are licensed in another jurisdiction. Must be sent to PLRA directly from the jurisdiction.)
- Proof of a minimum of \$1,000,000 of professional liability insurance.
- Verification of employment for health professions or verification of self-employment form. (Submit if eligibility requires continuing competency.)
- Continuing education form. (Submit if eligibility requires continuing competency.)
- Verification of volunteer service form. (Submit if applicable to continuing competency.)
- Special endorsement form. (Required if you want a special endorsement recognized on your certificate.)
- Payment information form. (Go to web page for details.)





# PHYSIOTHERAPIST FULL CERTIFICATE APPLICATION

Complete all sections of this application form.  
Do not leave a section blank. If a section is not relevant,  
mark the section as "not applicable."

<input type="checkbox"/> Full certificate: Start date in Yukon: <u>YYYY/MM/DD</u>
<input type="checkbox"/> Temporary full certificate: Dates in Yukon: <u>YYYY/MM/DD</u> to <u>YYYY/MM/DD</u>

Applicant information					
Legal last name	Legal first name(s)	Legal middle name(s)			
Other names by which you may be known		Date of birth YYYY/MM/DD			
Email		Phone			
Mailing address	City	Prov./terr.	Postal code	Country	
Physical address <i>(if different from mailing address)</i>	City	Prov./terr.	Postal code	Country	
Education information					
Name of the physiotherapy program you completed			Date you completed the program YYYY/MM/DD		
Name of the educational institute you attended to complete the program					
City/town, province/territory of institute			Country of institute		
Date you passed the Physiotherapy Competence Exam (PCE): YYYY/MM/DD					
<b>Provide a chronological summary of your post secondary educational history relating to physiotherapy, giving names of institutions attended, dates of attendance, and degrees or diplomas received.</b>					
Institution name	City, prov./terr., country	Start date	End date	Name of degree/diploma	
Registration					
<b>State the jurisdiction(s) you are registered in as a physiotherapist. (Ensure a certificate of standing is obtained for each jurisdiction listed.)</b>					
Province/territory			Country		

**Employment**

State the following for your current employer(s) and most recent employer(s) prior to application.

Employer name	City, prov./terr., country	Start date	End date	Email

**Licence endorsements**

List the special endorsements you are applying for. (Attach completed special endorsement form and supporting documents to the application package.)

**Declarations**

If you answer 'yes' to any question below, additional information may be requested.

Have you applied for a physiotherapist certificate in Yukon before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied registration or licensure by a registration or licensing authority for physiotherapy in Yukon or any other health profession in Yukon or any other province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to any investigative proceedings with respect to professional misconduct, incompetence, or incapacity, in physiotherapy or any other health profession, in Yukon or any other province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation or involved in any proceedings which could result in the withdrawal of your physiotherapist registration by a registration/licensing authority for physiotherapy in any province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been registered in another health profession, other than physiotherapy in any province, territory, state or country? If yes, what profession and in what jurisdiction? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Personal certification**

Yes, I hereby certify that I am the person making application for registration as a physiotherapist in Yukon, and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of an issued certificate.

\_\_\_\_\_  
 Signature of applicant

YYYY/MM/DD  
 \_\_\_\_\_  
 Date

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 certificate 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, or by email at physio.plra@gov.yk.ca.