



PHARMACIST AND RURAL PERMIT RENEWAL APPLICATION

Use this form to renew your pharmacist licence or rural permit. You must visit the [web page](#) to complete your application package. Full instructions, forms and guidance documents are found on the web page.

For convenience, a brief checklist of required supporting documentation is provided below.

Renewal deadline: Submit your renewal application before **March 1** to ensure we can process your licence before it expires.

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

Payment information form. (\$100 for pharmacist licence and rural permit.)



PHARMACIST AND RURAL PERMIT RENEWAL 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."

Select one: <input type="checkbox"/> Rural permit <input type="checkbox"/> Pharmacist licence

Applicant information				
Legal last name	Legal first name(s)	Legal middle name(s)		
Other names by which you may be known		Yukon licence number		
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

Registration	
State the jurisdiction(s) you are registered in as a pharmacist. (Not applicable for rural permit holders.)	
Province/territory	Country

Employment				
State the following for your current employer(s).				
Employer name	City, prov./terr., country	Start date	End date	Email

Declarations	
If you answer 'yes' to any question below, additional information may be requested.	
Have you ever been denied registration or licensure by a registration or licensing authority for pharmacy or medicine 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 pharmacy or any other health profession, in Yukon or any other province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Are you currently under investigation or involved in any proceedings which could result in the withdrawal of your pharmacy or medical registration by a registration/licensing authority for pharmacists or physicians in any province, territory, state or country?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you or have you ever been registered in another health profession, other than pharmacy or medicine in any province, territory, state or country?</p> <p>If yes, what profession and in what jurisdiction? _____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Personal certification</p>	
<p>Yes, I hereby certify that I am the person making application for registration as a pharmacist or rural permit holder 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 licence.</p> <p>_____ YYYY/MM/DD</p> <p>Signature of applicant Date</p>	

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, or by email at pharma.plra@gov.yk.ca.