

Use this form to renew your full, interim or inactive physiotherapist licence. You must visit the appropriate web page listed below to complete your application package. Full instructions, forms and guidance documents are found on the web page.

- [Renew full physiotherapist licence](#)
- [Renew interim physiotherapist licence](#)
- [Renew inactive physiotherapist licence](#)

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

**Renewal deadline:** Submit your renewal application before **November 30** to ensure we can process your licence before it expires.

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

- Proof of a minimum of \$1,000,000 of professional liability insurance.
- Certificate of standing. (Required if you are licensed in another jurisdiction. The document must be sent to PLRA directly from the jurisdiction.)
- Confirmation of registration for the clinical component of the physiotherapy competency exam (PCE). (Required if you are renewing an interim licence.)
- A letter from the Yukon clinic where you will be working, that includes the name of your primary supervisor. (Required if you are renewing an interim licence.)
- Verification of employment form. (Submit if eligibility requires continuing competency.)
- Continuing education form with supporting documentation. (Submit if eligibility requires continuing competency.)
- Verification of volunteer service form. (Submit if applicable to continuing competency.)
- Continuing competency exemption form. (Submit with your continuing competency documentation if you are a new graduate and are unable to meet the requirements.)
- Special endorsement form. (Submit if you are seeking a special endorsement.)
- Payment information form.



# PHYSIOTHERAPIST LICENCE 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."

<input type="checkbox"/> Full licence <input type="checkbox"/> Temporary full licence: Dates <u>YYYY/MM/DD</u> to <u>YYYY/MM/DD</u> <input type="checkbox"/> Interim licence <input type="checkbox"/> Inactive licence
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## 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 (if different from mailing address)	City	Prov./terr.	Postal code	Country

## Education information

For interim renewals, state the date you are registered to write the physiotherapy competency exam (PCE): YYYY/MM/DD

List any completed degrees/diplomas related to physiotherapy that you have received in the past year or since you last held a Yukon licence.

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

## Registration

State the jurisdiction(s) you are registered in as a physiotherapist. (Ensure a verification of registration is obtained for each jurisdiction listed.)

Province/territory	Country

**Employment**

State the following for your current employer(s).

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

**Licence endorsements**

List the endorsements you are applying for. (Attach completed **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 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
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Do you have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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 in any province, territory, state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you or have you ever been registered in another health profession, other than physiotherapist in any province, territory, state or country? If yes, what profession and in what jurisdiction? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 licence.

\_\_\_\_\_  
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 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 physio.pra@gov.yk.ca.