



FOREIGN CREDENTIALS RECOGNITION (FCR) PROJECT
HEALTH CARE WORKER NAVIGATION - PARTICIPANT INTAKE

The Health Care Worker Navigation service targets individuals who need assistance navigating the Foreign Credential Recognition process to obtain work in the Yukon.

Before you start, confirm your eligibility:

- I am currently a resident in the Yukon.
- I am legally authorized to work in Canada.
- I have valid healthcare credentials obtained outside of Canada.
- I am not currently licensed in Canada to practice at the level of my credentials.
- I am committed to exploring a healthcare career in the Yukon.

If you need help, or for more information:

- Email: fcr.navigation@yukon.ca
- Phone Labour Market Development: 867-471-0112

FCR participant number (office use)

Personal information		
Last name	First name	Middle initial
Phone number	Email address	
Mailing address		
Unit number (optional)	Street address or P.O. box	
City or town	Province or region	Postal code or zip code
Language	Gender identity	<input type="checkbox"/> I am a visible minority
What is your status in Canada?		
Tell us your story		
I am a...		
I would like to...		
So that I can...		

And to do that I need...

Current situation summary

This section will help your case manager frame your initial conversation. Further details will be developed in your first meeting. For now, check all that apply.

- I have worked in my regulated occupation outside of Canada within the last 5 years.
- I am currently employed, but not to the level of my credentials.
- I have taken or I am scheduled for a written licensure exam to practice in Canada.
- I have Canadian health care work experience (any occupation).
- I am participating in or have completed a credential evaluation process.
- I have taken an English or French language proficiency test.
- I am participating in or have completed a Clinical Competency Assessment (CCA) in Canada.
- I am currently enrolled in, or I have recently completed, a training program (e.g., skills gap training, re-entry to practice, bridging program, exam preparation, coaching or tutoring, language training).
- I am engaged in other actions for credential recognition that are not included above.
- I am already in contact with Yukon regulators or health care employers regarding my foreign credential recognition project.
- I am seeking financial assistance from another source (e.g., grant or loan program for health care professionals).
- I would like information on other resources, websites, programs or services that can help me.

Identified challenges

Identify which challenges need to be addressed for you to be successful. Further details will be developed in your first meeting. For now, check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Insufficient funds | <input type="checkbox"/> Conflicts with current job schedule |
| <input type="checkbox"/> Family considerations | <input type="checkbox"/> Clinical Competency Assessment (CCA) |
| <input type="checkbox"/> Lack of recent professional practice | <input type="checkbox"/> English or French language proficiency |
| <input type="checkbox"/> Difficulty gathering required documents | <input type="checkbox"/> Limited access to testing centres |
| <input type="checkbox"/> Exam or test preparation | <input type="checkbox"/> Unclear hiring process or requirements |
| <input type="checkbox"/> Appropriate pathway information | <input type="checkbox"/> Travel or being away from home |
| <input type="checkbox"/> Other: _____ | |

Declarations

Collection, use and disclosure of personal information

The personal information you provide is collected for the purpose of administering foreign credentials recognition services. It will be disclosed to the following organizations:

- Employment and Social Development Canada under the authority of the *Employment Insurance Act* and/or the *Department of Employment and Social Development Act*;
- In cases where you are making an application for funding support:
 - Canada Revenue Agency under the authority of the *Income Tax Act*;
 - Government of Yukon, Department of Justice under the authority of the *Maintenance Enforcement Act*.

Your information will also be disclosed to the following:

- Your case manager(s) who have helped you with your action plan and ongoing support persons.
- Any third party that you have specifically accepted a referral to by your case manager.

The information you provide may also be used for policy analysis, statistical, research and/or program evaluation purposes by the Government of Yukon and the Government of Canada.

Declarations (continued)

This information is collected and managed in accordance with the *Access to Information and Protection of Privacy Act*, SY 2018, c.9; amended by SY 2019, c.15 (the "Act"). Records and information pertaining to this application may be disclosed to third parties only in accordance with the Act. Pursuant to section 15(c)(i) and (iii) of the Act, the information will be shared across the Government of Yukon to support the work for foreign credentials recognition.

Other than as stated above, your information will not be disclosed to any individual or organization without your specific, written consent. If you have questions about the disclosure of your personal information, contact Labour Market Development at 867-471-0112 or toll-free at 1-800-661-0408 ext. 471-0112.

I declare that:

I have read and I understand the above information regarding the collection, use, and disclosure of my personal information.

_____	_____	YYYY/MM/DD
Full name (print)	Signature	Date signed

Submit your completed application:

by email: fcr.navigation@yukon.ca

in person: 303 Alexander Street (Second floor), Whitehorse, Yukon

by mail: Attn: Foreign Credentials Recognition Project
Government of Yukon, Economic Development
Box 2703 (F1)
Whitehorse, Yukon, Y1A 2C6
Canada