PROFESSIONAL AND CORPORATE AFFAIRS

# PSYCHOLOGIST RENEWAL APPLICATION

| Applicant Information | | | | |
|---|---|---|---|---|
| Legal last name | Legal first name(s) | | Legal middle name(s) | |
| Other Names by which you may be known | | Date of Birth | | |
| Email | | | Phone | |
| Home Address | City | Prov / Terr | Postal code | Country |

| Educational Information | | |
|---|---|---|
| Name of the highest psychology degree obtained (program name) | | Date you completed it |
| Name of Educational Institute | | |
| City | Province / State | Country |

| Registration | | | |
|---|---|---|---|
| **List each jurisdiction you have been registered in as a psychologist in the past 12 months.**<br>*** Ensure a certificate of standing is obtained for each jurisdiction listed.** | | | |
| **Jurisdiction** | **Country** | **License type** | **Status** |
| | | | |
| | | | |
| | | | |

| Employment | | | | |
|---|---|---|---|---|
| **Provide information about your employment over the last 12 months.** | | | | |
| **Employer Name** | **City, prov/terr, Country** | **Date** | **Date** | **Contact email** |
| | | | | |
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**Areas of Practice – for internal purposes only (Optional)**

| | |
|---|---|
| Percentage of practice occurring in Yukon<br>**< 25%** ☐ **<50%** ☐ **<75%** ☐ **<100%** ☐ | Percentage of overall practice occurring virtually<br>**< 25%** ☐ **<50%** ☐ **<75%** ☐ **<100%** ☐ |
| Percentage of **Yukon** practice occurring virtually<br>**< 25%** ☐ **<50%** ☐ **<75%** ☐ **<100%** ☐ | Percentage of overall practice occurring in person<br>**< 25%** ☐ **<50%** ☐ **<75%** ☐ **<100%** ☐ |

**Declarations**

**If you answer yes to any of the questions below, please provide details. Further information may be requested.**

| | |
|---|---|
| **Have you ever been refused registration, a licence or other authorization to practise by a regulatory authority that regulates a profession in any jurisdiction?** | **Y N** |
| **If yes, explain:** | ☐ ☐ |
| **Do you have any practice limitation, restriction or condition imposed on your registration, licence, or other authorization by a regulatory authority that regulates a profession in any jurisdiction?** | **Y N** |
| **If yes, explain:** | ☐ ☐ |
| **Have you ever been the subject of a complaint, investigation, reprimand, hearing, finding or appeal respecting your professional conduct or your competence to practise any profession in any jurisdiction?** | **Y N** |
| **If yes, explain:** | ☐ ☐ |
| **Have you ever been a party to a process for mediation, conciliation, negotiation or any other means of facilitating the resolution, without a hearing, of a complaint respecting your professional conduct or your competence to practise any profession in any jurisdiction?** | **Y N** |
| **If yes, explain:** | ☐ ☐ |
| **Are you or have you ever been the subject of a professional liability claim in any jurisdiction?** | **Y N** |
| **If yes, explain:** | ☐ ☐ |

| Have you ever been charged with an offence that relates to: | Y | N |
|---|---|---|
| A) Unprofessional conduct? | ☐ | ☐ |
| B) The practice of any other profession or occupation? | ☐ | ☐ |
| C) Any other enactment of Canada or province/territory? | ☐ | ☐ |
| **Have you ever been found guilty of an offence that relates to:** | **Y** | **N** |
| A) Unprofessional conduct? | ☐ | ☐ |
| B) The practice of any other profession or occupation? | ☐ | ☐ |
| C) Any other enactment of Canada or province/territory? | ☐ | ☐ |
| **Has your registration, licence or other authorization to practise in another jurisdiction ever been suspended, limited, restricted or cancelled by the regulatory authority of that jurisdiction?** | **Y** | **N** |
| **If yes, explain:** | ☐ | ☐ |
| **Are you or have you ever been registered in another health profession, other than psychology in any province, territory, state or country?** | **Y** | **N** |
| **If yes, explain:** | ☐ | ☐ |

## Personal Certification

**I hereby certify that I am the person making the application for renewal of registration as a psychologist in the 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 renewal or cancellation of an issued certificate.**
**I hereby consent to the regulator of Psychologists in Yukon to share, request, and receive details regarding any information disclosed in my application or certificates of standing.**

| Signature | Date |
|---|---|
| | |

Personal information is collected, used, and disclosed under the authority of subsection 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated with the activity 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 and Corporate Affairs (PCA), 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 psychologists@yukon.ca.