



PROFESSIONAL LICENSING AND REGULATORY AFFAIRS
VERIFICATION OF COMPLETED CONTINUING EDUCATION

Use this form if you do not have a certificate or equivalent for the course(s) you are claiming towards your continuing education requirement. You must have your instructor/manager complete and sign this form. Include as supporting documentation with your annual continuing education form. 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."

Occupation:	
<input type="checkbox"/> Licensed practical nurse	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Registered psychiatric nurse	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> Dentist	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Midwife

To be filled out by applicant

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

Course name	Date completed	Hours
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	

To be filled out by the instructor/manager

I _____ confirm that _____
INSTRUCTOR/MANAGER NAME APPLICANT NAME
 completed the above listed courses.

I certify that the information given is true and complete.

Name (print)	Title and professional designation	
Name of organization	Address	
Phone	Fax	Email (primary form of communication from regulator)
Authorizing signature	Date YYYY/MM/DD	

Personal information is collected, used, and disclosed under the authority of Section 15(a)-(c) of the Access to Information and Protection of Privacy Act and under the Act associated to the profession related to the licence or certificate being requested. It will be used for the purposes of these Acts and their regulations including but not limited to eligibility of registration and licensure, practice assessment, and complaint related matters. 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 inquiry.plra@yukon.ca.