



PROFESSIONAL LICENSING AND REGULATORY AFFAIRS  
**REQUEST FOR CERTIFICATE OF STANDING**

Complete all sections of this application form. Do not leave a section blank. To complete this form either type or print in dark blue or black.

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

**Requestor information**

Last name	First name(s)	Middle name(s)
Email		Phone
Other names by which you may be known		Yukon licence number

**Personal certification**

I understand that by signing this form I give consent to the Government of Yukon - Professional Licensing and Regulatory Affairs to disclose my personal licensing information including but not limited to: qualifications, registration, investigations, complaints, disciplinary outcomes, and other information considered relevant by the Registrar.

I am requesting the release of this information to the specified organization listed, and understand the risks or benefits of consenting to disclose this information.

Applicant's signature	Date YYYY/MM/DD
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**Certificate to be sent to the following jurisdiction**

Name of college/licensing authority			
Mailing address	City	Prov./terr.	Postal code
Country	Email	Phone	

**Submit completed form**

- By email: inquiry.plra@yukon.ca
- By fax: 867-667-3609
- By mail: Box 2703, C-3, Whitehorse, YT, Y1A 2C6

Professional Licensing and Regulatory Affairs staff will contact you by phone for any required payments.

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, by fax at 867-667-3609, or by email at inquiry.plra@yukon.ca.