



PROFESSIONAL LICENSING AND REGULATORY AFFAIRS
VERIFICATION OF EMPLOYMENT FOR HEALTH PROFESSIONS

Complete all sections of this application form to verify professional practice hours you are claiming as part of your continuing competency requirements. Do not leave a section blank. If a section is not relevant, mark the section as "not applicable." Professional practice hours refer to all hours worked in accordance with an individual's formal job description, but do not include vacation, sick time, leave of absence, or any other paid/unpaid non-practice hours.

Occupation:

- Licensed practical nurse
Registered psychiatric nurse
Chiropractor
Physiotherapist
Dentist
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

In order to process my application, PLRA, the regulatory authority in Yukon, is requesting information in regard to my employment with your organization. I give consent to you to provide any and all information to PLRA regarding my professional practice. This shall constitute your legal authority to provide this information, and any other information PLRA may request, in regard to my application and verification of employment and professional practice hours.

Applicant's signature, Date YYYY/MM/DD

To be filled out by employer

This is to verify that \_\_\_\_\_ is/was employed as \_\_\_\_\_

by \_\_\_\_\_

STREET ADDRESS, CITY/TOWN, PROVINCE/TERRITORY/STATE, POSTAL/ZIP CODE, COUNTRY

between YYYY/MM/DD and YYYY/MM/DD. Number of hours worked per year: \_\_\_\_\_

Other information:

**To be filled out by employer (continued)**

**I certify that the information given is true and complete.**

Name (print)		Title and professional designation
Name of employing agency or facility		Address
Phone	Fax	Email
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](mailto:inquiry.plra@yukon.ca).