



## Locum Application

### Applicant Information

Name: \_\_\_\_\_ CMPA Membership # \_\_\_\_\_  
First Last

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Medical Profession Licensing Requirements in Yukon

Are you a citizen of Canada or Permanent Resident of Canada? YES NO YES NO  
  If no, are you eligible to work in Canada?

All physicians wishing to practice medicine in Yukon must have the following:

- Licentiate of the Medical Council of Canada, and
- Hold either a certificate of fellowship from the Royal College of Physicians and Surgeons of Canada (or a specialty certification issued by the Collège des médecins du Québec on or after October 16, 2007) or
- The College of Family Physicians of Canada (or a family medicine certificate issued by the Collège des médecins du Québec on or after October 16, 2007)

Are you currently licensed to practice medicine in another jurisdiction in Canada? YES NO  
  If yes, where? \_\_\_\_\_

Are you currently licensed to practice medicine in another country outside Canada? YES NO  
  If yes, where? \_\_\_\_\_

### Fitness to Practice

Are you aware of any issues that may affect your ability to obtain a letter(s) of good standing from any jurisdictions where you have previously practiced? YES NO  
  If yes, please explain: \_\_\_\_\_

### Area of practice or specialty and preferred location

Dates of Availability: 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

Duration: Short Term (2-8 Weeks)  Long Term (2-6 Months)  Other: \_\_\_\_\_  
(Please select all that apply)

Location Preference: Whitehorse  Dawson City  Watson Lake   
(Please select all that apply)

### Willing to Provide Services for:

(Please select all that apply)

Clinic  Hospital  Emergency/On-Call  Anesthesia  Obstetrics  Medevac On-Call

Other (Please Specify)

### I Have Current Certification in:

(Please select all that apply)

ACLS or CARE  ATLS  ALARM  ALSO  Other (Please Specify)

### Other

#### PLEASE ENCLOSE WITH THIS APPLICATION

Current Curriculum Vitae  References

### How Did You Hear About Us?

Rural & Remote Conference  Family Medicine Conference  Student/Resident

Other (Please Specify)