

## DENTAL HYGIENIST RENEWAL FORM

DENTAL PROFESSION ACT

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**Non Residents** must attach a letter of good standing from all other jurisdictions they are currently licensed in.

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**Renewal Fees • Renewal Fees    \$50.00**

1. Name:

Name: \_\_\_\_\_

2. Resident:

Resident: \_\_\_\_\_ Non-Resident: \_\_\_\_\_

3. Business address:

Business address: \_\_\_\_\_

4. Phone number:

Phone number: \_\_\_\_\_

5. Employed by:

Employed by: \_\_\_\_\_

6. Additional training acquired during the past licensing year;

Additional training acquired during the past licensing year;

Course	Dates of training
Course	Dates of training
_____	_____
_____	_____

7. List all jurisdictions you are currently licensed in

List all jurisdictions you are currently licensed in \_\_\_\_\_

Your completed application and fees are due and payable on or before **March 31**. Please forward your application and fees to:  
 Your completed application and fees are due and payable on or before **March 31**. Please forward your application and fees to:

Consumer Services, C-5  
Box 2703  
Whitehorse, Yukon Y1A 2C6

or

Consumer Services, C-5  
2130 Second Avenue  
Whitehorse, Yukon Y1A 5H6

Consumer Services, C-5  
Box 2703  
Whitehorse, Yukon Y1A 2C6

or

Consumer Services, C-5  
2130 Second Avenue  
Whitehorse, Yukon Y1A 5H6

Please make your cheque payable to Government of Yukon, or,  
 Please make your cheque payable to Government of Yukon, or,

Visa	Expiry	Signature
Visa	Expiry	Signature
Mastercard	Expiry	Signature
Mastercard	Expiry	Signature

Signature  
Signature

mm/yy

Signature  
Signature

mm/yy

Please contact Consumer Services at 867-667-5111 or fax 867-667-3609 or e-mail consumer@gov.yk.ca for inquiries.  
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### AGREEMENT OF APPLICANT • AGREEMENT OF APPLICANT

The undersigned hereby certify that the foregoing information is true and correct to the best of my knowledge. I hereby undertake to notify the Government of Yukon in writing of any change.

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Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 Dated at \_\_\_\_\_, this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_.  
 \_\_\_\_\_, 20\_\_\_\_\_.  
 \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant  
Signature of Applicant \_\_\_\_\_

Personal information contained on this form is collected under the *Dental Profession Act* and will be used for the purpose of administering the *Act*. For further information, contact the Manager of Consumer Services at (867) 667-5111, toll free within Yukon 1-800-661-0408, ext. 5111.

YG(5058Q)F1 Rev. 06/2004

Les renseignements personnels demandés dans les présentes sont recueillis en vertu de la Loi sur la profession dentaire et serviront exclusivement à l'administration de la Loi. On peut obtenir de plus amples renseignements à ce sujet en communiquant avec la directrice des Services aux consommateurs au (867) 667-5111 ou, sans frais au Yukon, au 1-800-661-0408, poste 5111