



Registrar, Professional Licensing
Government of the Northwest Territories
Department of Health and Social Services
7th Floor, New Government Building
BOX 1320, 5015 – 49 ST
YELLOWKNIFE NT X1A 2L9
Phone: (867) 767-9067 Fax: (867) 873-0484

Date: _____

To: Physicians providing emergency room services at Stanton Territorial Hospital
WHO ARE ALREADY LICENSED IN THE N.W.T.

**Complete this form and forward to the Registrar, Professional Licensing,
Government of the Northwest Territories, fax (867) 873-0484.**

Authorization to Transfer N.W.T. Licensing Application Information

I, _____(print full first and last name) hereby give consent to the Office of the Registrar, Professional Licensing, Government of the Northwest Territories to release NWT Licensing Application information to the Registrar, Professional Licensing, Government of Nunavut.

This will include all documentation, including references and Certificates of Standing, submitted in support of my application to the N.W.T.

I understand that the Nunavut Registrar will contact me directly if further information is required to complete the Nunavut licensing process.

Date: _____ Signature: _____

Contact Phone: _____ email: _____