

Application for a Certificate of Authorization for a Health Profession Corporation

College of
Chiropractors of
Ontario

Date of submission of application: _____ / _____ / _____
date month year

Section A

Corporate Name: _____
(N.B. The name of the corporation must comply with the requirements of s.1 of Ontario 39/02 – see Guide)

Corporation # _____

Practice Name (if applicable): _____

Corporate Address: _____

Phone # _____ Fax # _____

e-mail _____

Section B

I, _____, a member of the College of Chiropractors of Ontario and a director of the corporation, am applying on behalf of the above corporation for a Certificate of Authorization under the Regulated Health Professions Act, and declare that:

- 1) **Membership:** I am a member of the College of Chiropractors of Ontario and my certificate of registration is not currently suspended or revoked.
- 2) **Incorporation:** The corporation is incorporated under the Business Corporations Act of Ontario.
- 3) **Corporation Status:** There has been no change in the status of the Corporation since the date the certificate of status was issued (must be within previous 30 days of the application).

6) **Practice Location(s):** As of the date of submission of this application, the corporation practises in the following location(s), if different from the corporate address, as listed in Section A. The only addresses omitted are residential addresses of clients.

Address	Phone

7) **Professional Activities:** As indicated in the accompanying statutory declaration, the corporation can not carry on, and can not plan to carry on, any business that is not the practise of the profession governed by the College or activities related to or ancillary to the practice of the profession (Regulation 39/02, subparagraph 6(ii) of subsection 2(1)). List in full, any ancillary activities permitted under the corporation’s articles of incorporation.

8) **Members Practising:** Members of the College of Chiropractors of Ontario that will practise the profession through the corporation, including shareholders and employees of the corporation, are:

Full Name	College Registration #

9) **Supporting Documentation:** The application includes the following documents:

- The fee for the application for a certificate of authorization is \$100.00 (s. 101 of the health professions corporation by-law)
- Fee of \$950 must accompany this application;(s.2.02 of the health professions corporation by-law)
- An Undertaking dated and signed by each shareholder of the corporation;
- Statutory declaration by a director of the corporation signed before a commissioner, lawyer or notary public no more than 15 days before this application is submitted.
- Certificate of Status from Ministry of Consumer & Business Services issued not more than 30 days before this application is submitted.
- Certified copy of the Articles of Incorporation
- Certified copy of Certificate of Incorporation
- Certified copy of every certificate of the corporation that has been endorsed under the Business Corporations Act as of the date this application is submitted (if applicable).

10) **Accuracy of application:** I have personal knowledge of the declarations contained in this application and of the information I have added in completing this form, and I declare that the declarations and information are accurate and complete.

Date

Applicant's signature

OFFICE USE ONLY

- Application is approved
- Application is denied

Reasons denied; _____

Date

Registrar's signature

Section C

Undertaking for Professional Corporations

(Each Shareholder of the corporation **Must** Sign this Form)

I, _____ undertake as follows:

- (1) I will ensure that, in the course of practising the profession, the corporation does not do or fail to do anything that would be professional misconduct if done or failed to be done by myself.
- (2) I will ensure that the corporation does not breach any provision of the Code of Conduct for corporations that may be published by the College from time to time.
- (3) I will ensure that the corporation maintains a valid certificate of authorization and does not provide professional or ancillary services while its certificate of authorization is under suspension or revoked or when it does not satisfy the requirements for a professional corporation.
- (4) I will ensure that the corporation complies with the Regulated Health Professions Act and its regulations, the Health Professions Procedural Code, the Chiroprody Act and its regulations, and by-laws of the College.
- (5) I will ensure that any person who is not currently a shareholder of the corporation shall file a similar undertaking with the College as soon as he or she becomes a shareholder.
- (6) I will ensure that the College is notified of any changes to its name, articles of incorporation or practice locations of the corporation as soon as they occur.
- (7) I will ensure that if the professional corporation practises in a name other than its corporate name, the corporation shall first notify the College of its practice name and shall include its corporate name in all written, electronic, or broadcast communications.
- (8) I will ensure that the professional corporation renews its certificate of authorization annually based on the date of issuance.

Signed: _____ Date: _____

Name: _____
(PRINT)

STATUTORY DECLARATION

I, _____, holding College registration number _____, am a director of _____, and do hereby solemnly declare the following:

1. I certify the following:
 - i. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this statutory declaration is executed,
 - ii. that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession,
 - iii. that there has been no change in the status of the corporation since the date of the certificate of status enclosed with the application for a certificate of authorization that accompanies this statutory declaration, and
 - iv. that the information contained in the application for a certificate of authorization that accompanies this statutory declaration is complete and accurate as of the day this statutory declaration is executed.

and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me in the City of _____

in the _____ of _____

this _____ day of _____, 20 _____.

(Signature of Declarant)

A Commissioner, etc.
Made pursuant to s. 41 of the *Canada Evidence Act*,
And s. 43 of the *Evidence Act*, of Ontario.
(Affix stamp, or seal below)