# Application for a **Certificate of Authorization** for a Health Profession Corporation

College of Chiropodists of Ontario

Date of submission of application: _	date	_/ month	_// year
Section A			
Corporate Name:	mply witl	h the requir	rements 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 Chiropodists 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 Chiropodists 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).

4) **Shareholders**: The name of each shareholder of the Corporation and his or her College registration number, business address, business telephone number, and e-mail as of the date of submission of this application is (use additional pages if necessary):

Full Name	College Registration #	Business Address	Business Phone	e-mail

5) **Directors and Officers**: (Note: all directors and officers must be shareholders of the corporation.) The names of all of the directors and officers of the corporation as of the date of submission of this application are:

Full Name (as above)	Check off if a Director	Check off if an Officer	Give Title of Office if an Officer

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 Chiropodists 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:
  - □ A completed application in a form approved by the College.
  - □ The fee for the application for a certificate of authorization is \$150.00 (s.1.01 of the health professions corporation by-law)
  - □ Fee of \$1075, if issued on or before March 31st, or a \$600 fee if issued after March 31st and on or before September 30th, must accompany this application; (s.2.01 of the health professions corporation by-law).
  - □ An Undertaking dated and signed by each shareholder of the corporation;
  - □ The declaration of a director of the corporation, signed not more than 15 days before the application is submitted to the Registrar.
  - □ A copy of a corporation profile report, issued by the Ministry of Government and Consumer Services or by a service provider which is under contract with the Ministry of Government and Consumer Services, that is dated not more than 30 days before the application is submitted to the Registrar and that indicates that the corporation is active.
  - □ Copy of Certificate of Incorporation
  - □ 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

OFF	ICE USE ONLY	
ο	Application is approved	
ο	Application is denied	
Reas	sons denied;	
Date		Registrar's signature

## Section C (Shareholder(s))

### **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 Chiropody 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:
8	

Name:	

(PRINT)

## Section C (Director(s))

### **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 Chiropody 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:
8	

Name:	

(PRINT)

#### 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 signed,
  - 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 signed.

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.

Signed:	Date:	
- 0		