



**ANNUAL RENEWAL APPLICATION FOR  
A CERTIFICATE OF AUTHORIZATION  
FOR A PROFESSIONAL CORPORATION**

Date of submission of renewal application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
date/ month/ year /

**SECTION A - NAME AND ADDRESS OF CORPORATION**

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

Practice Name(s) (if applicable): \_\_\_\_\_

Corporate Address : \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

e-mail \_\_\_\_\_

**SECTION B - APPLICANT DECLARATION**

I, \_\_\_\_\_, a member of the College of Physiotherapists of Ontario and a director of the corporation, am applying on behalf of the above corporation to renew Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

- 1) **Membership:** I am a member of the College of Physiotherapists 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 date of submission of this 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 renewal 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 renewal 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 2.(1) 6.ii). Please provide a brief description of the professional activities carried out by the corporation.

---

---

---

---

---

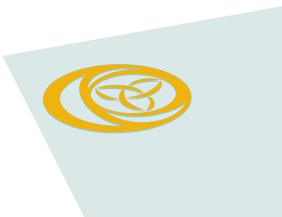
---

---

---

8) **Members Practising:** Members of the College of Physiotherapists 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 renewal application includes the following documents:

- Signed renewal application form
- Fee
- 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 every Certificate of Incorporation of the corporation that has been endorsed under the *Business Corporations Act* since the corporation's most recent application for a Certificate of Authorization or renewal of its Certificate of Authorization 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
Registration #

**OFFICE USE ONLY**

- Application is approved
- Application is denied

Reasons denied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registrar's signature

\_\_\_\_\_  
Date



## SECTION C

### 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)

\_\_\_\_\_  
(print name)

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)

<sup>1</sup> Under para. 2(1).6 of the Minister's regulation, an application for a certificate of authorization is to be accompanied by a statutory declaration (much like an affidavit) containing the information as set out in this statutory declaration.

