





**SECTION B**

I, \_\_\_\_\_, a member of the College of Physiotherapists 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 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 (BCA).
3. **Corporation Status** – There has been no change in the status of the corporation since the date the corporation profile report 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 email as of the date of submission of this application (use additional pages if necessary).

Full Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Number \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Number \_\_\_\_\_

Email \_\_\_\_\_



Full Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Number \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Number \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Number \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Number \_\_\_\_\_

Email \_\_\_\_\_

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

Full Name (as above)	Check here if a director	Check here if an officer	If an officer – Title of Officer
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

Facility Name (if applicable) and Address	Telephone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. **Fees**

The Corporation will pay the \$250 fee by:

- Cheque
- Money Order
- Visa
- MasterCard

If payment will be made by Visa or MasterCard, provide the following information:

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

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

Cardholder Signature: \_\_\_\_\_

8. **Wall Certificate**

- Check here if you want a new Certificate of Authorization for display mailed to you.

9. **Supporting Documentation** – The application includes the following documents:

- Signed application form
- Fee of \$250 payable to the College of Physiotherapists of Ontario (in Canadian funds) by cheque, money order, Visa or MasterCard
- Declaration by a director of the corporation signed no more than 15 days before this application for renewal is submitted
- 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 no more than 30 days before this application is submitted. The College does not require a certified copy of the corporate profile report.
- 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.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant’s Signature



SECTION C

DECLARATION



I, \_\_\_\_\_ , holding registration number \_\_\_\_\_

am a director of \_\_\_\_\_, and do hereby declare the following:

- i. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this 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 of Physiotherapists of Ontario or activities related to or ancillary to the practice of the profession,
- iii. that there has been no change in the status of the corporation since the date of the corporation profile report enclosed with the application for renewal of a certificate of authorization that accompanies this declaration, and
- iv. that the information contained in the application for renewal of a certificate of authorization that accompanies this declaration is complete and accurate as of the day this declaration is signed.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date