



INITIAL APPLICATION FOR A  
CERTIFICATE OF AUTHORIZATION  
FOR A PROFESSIONAL  
CORPORATION

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Date of submission of application: \_\_\_\_\_  
day month year

SECTION A

Corporation Name: \_\_\_\_\_ Corporation # \_\_\_\_\_

*(Note: The name of the corporation must comply with the requirements of S. 1 of Ontario Regulation 39/02 – see Guide)*

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

Corporation Address: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone Number Fax

Email: \_\_\_\_\_

## SECTION B

I, \_\_\_\_\_, a member of the College of  
(please print name)

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 e-mail 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, 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 (i.e., for home visits).

Facility Name (if applicable) and Full Address including Postal Code	Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. **Professional Activities** – As indicated in the accompanying declaration, the corporation cannot carry on and cannot 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 the profession (O. Reg. 39/02, s. 2(1) 6(ii). List the ancillary activities, if any, to be undertaken by the corporation within the next year (must be consistent with the Articles of Incorporation). *(This section cannot be left blank).*

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8. **Members Practicing** – Members of the College of Physiotherapists of Ontario that will practice the profession through or for the corporation, including shareholders and employees of the corporation, are:

Full Name	Registration #
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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Fees**

The Corporation will pay the \$774 fee by:

- ☐ Cheque
- ☐ Money Order
- ☐ Visa
- ☐ Mastercard

If payment will be made by Visa or Mastercard, you must provide this information to the College of Physiotherapists of Ontario by phone only. Do NOT include your credit card information with this form and do NOT email it to the College.

Please call the Registration Team after you have submitted your application at 1-800-583-5885 ext. 222 to make your payment.

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

- ☐ Signed application form, including Undertaking forms signed by all shareholders

Fee of \$774 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 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 not 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 the corporation that has been endorsed under the BCA 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.

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Date

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Applicant's Signature

## SECTION C

### UNDERTAKING TO THE REGISTRAR 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 College's Standards for Professional Practice or Code of Ethics 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 *Physiotherapy Act* and its regulations, and the 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.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Registration Number



## DECLARATION

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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 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 corporation profile report enclosed with the application for a certificate of authorization that accompanies this declaration, and
- iv. that the information contained in the application for a certificate of authorization that accompanies this declaration is complete and accurate as of the day this declaration is signed.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date