



RENEWAL FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

Date of submission of application: _____
day month year

SECTION A

The address below is the primary address for the corporation. Please verify accuracy and make necessary changes.

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: _____

_____ Tel. _____ Fax _____

Email: _____

Certificate of Authorization Number _____

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 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
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

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 Full Address including Postal Code	Telephone
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. **Fees**

The Corporation will pay the \$277 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.

8. Certificate of Authorization for Display

To request a Certificate of Authorization for display, please contact the Registration Team at registration@collegept.org

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

- ☐ Signed application form
- ☐ Fee of \$277 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

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.

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