



Certificate of Authorization for a Health Professional Corporation – Initial Application

Please note, incomplete applications will be returned.

The application fee of \$565 (\$500 +HST) must accompany the application. The fee is non-refundable. The fee may be paid by cheque, money order or credit card (Visa, MasterCard, or American Express).

Instructions

Before submitting your application, please ensure that the following criteria has been met:

1. A director, who must be a registrant of the College and authorized to sign on behalf of the corporation, has signed the application.
2. The same director who signed the application form has also signed the required Declaration (Section D).
3. You have obtained all required supporting documentation (see checklist/[Guide](#)).
4. Each shareholder is a registrant of the College and has signed the required undertaking (Section C). Please make as many copies of this form as are required. Note: Holding companies are not permitted to hold shares of the professional corporation.
5. If more space is required in completing the application, you have attached additional pages and labelled them appropriately.

Checklist

The application is considered incomplete without the following enclosures:

Completed application signed by a director.

Application fee of \$565.

Corporation profile report issued by the Ministry of Government and Consumer Services or a service provider contracted by the Ministry of Government and Consumer Services not more than 30 days before the application is submitted to the Registrar, indicating that the corporation is active.

Certificate of incorporation and articles of incorporation issued by the Ministry of Government and Consumer Services.

Copy of every certificate of the corporation which has been endorsed under the *Business Corporations Act* as of the day the application is submitted.

Undertaking (Section C) completed by each shareholder of the corporation.

Declaration (Section D) signed by a director of the corporation not more than 15 days before the application is submitted to the Registrar.



Section A

Date of application:

Corporate name:

(Note: The name of the corporation must comply with the requirements of s.1 of O. Reg 39/02– see [Guide](#))

Practice name (if applicable):

Corporate address:

Phone number:

Fax number:

Email:

Section B

I, _____, a registrant of the College of Occupational Therapists 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, 1991* and declare that:

(Director's name)

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, 1991* and declare that:

1. I am a registrant of the College of Occupational Therapists of Ontario and my certificate of registration has not been revoked.
2. The corporation is incorporated under the *Business Corporations Act*.
3. 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 submission date of this application).
4. 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 submission date of this application are included in the table below.
5. The directors and officers of the corporation as of the submission date of this application are included in the table below.

Full name	College registration number	Business address	Business phone number	Email	Is this shareholder a director or an officer?	If officer, title of office



6. As indicated in the accompanying declaration, the corporation cannot carry on, and cannot 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, s. 2.(1) 6.ii).

List in full any related or ancillary activities permitted under the corporation's Articles of Incorporation:

7. The application includes the following documents:
- Signed application form including undertaking forms signed by all shareholders.
 - Initial fee of \$565 (\$500 + HST).
 - Declaration by a director of the corporation signed no more than 15 days before this application is submitted.
 - Corporation profile report from Ministry of Government Services and Consumer Services or by a service provider which is under contract with the Ministry of Government and Consumer Services issued not more than 30 days before this application is submitted.
 - A 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).

8. 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.

Director's name (printed):

Director's signature:

Registration number:

Date:



Section C

Undertaking for Professional Corporations

Each shareholder of the corporation must sign this form.

I, _____, holding College registration number _____,
(Shareholder's name) (Shareholder's registration number)
am a shareholder of _____ and do undertake as follows:
(Name of professional corporation)

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 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 under subsection 3.2(2) of the *Business Corporations Act*.
3. I will ensure that the corporation complies with the *Regulated Health Professions Act, 1991* and its regulations, the *Health Professions Procedural Code*, the *Occupational Therapy Act* and its regulations, and Bylaws of the College.
4. 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.
5. I will ensure that the College is notified of any changes to the name, articles of incorporation or practice locations of the corporation as soon as they occur and of any other information provided in the application within the time period required by the Bylaws.
6. I will ensure that if the 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.

Shareholder's name (printed):

Shareholder's signature:

Registration number:

Date of application:



Section D

Declaration

I, _____, holding College registration number _____,
(Director's name) (Director's registration number)
am a director of _____ and do undertake as follows:
(Name of professional corporation)

1. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this declaration is executed,
2. 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,
3. 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
4. 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,

and I make this declaration conscientiously believing it to be true.

Director's name (printed):

Director's signature:

Registration number:

Date of application:



Payment

Complete this form if making payment by credit card.

Please choose method of payment:

Credit card number:

Expiry date:

Cardholder's name:

Cardholder's signature:

Authorized amount: \$565