



Health Profession Corporation Certificate of Authorization Application Form

For more information on how to complete this application, please refer to the [Guide to the Health Profession Corporation Certificate of Authorization Application](#).

This form can be filled out **electronically** or by hand.

SECTION A

Date of Application: _____
mm/dd/yyyy

Corporation #:

Name of Corporation:

N.B.: "Refer to the [Guide to the Health Profession Corporation Certificate of Authorization Application](#) for naming requirements".

Practice Name:

Corporation Address:

Unit/Suite:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

SECTION B

Member's Full Name:

Registration #:

I, the above noted member of the College of Denturists 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 Denturists 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 of the Corporation profile report was issued (must be within previous 30 days of the date of the submission of this application).



4. Shareholders:

The name, Certificate of Registration number, business address, business telephone number, and email address of each shareholder on the date of submission are:

Shareholder A:

Member's Full Name:

Registration #:

Business Address:

Business Phone:

E-mail:

Shareholder B:

Member's Full Name:

Registration #:

Business Address:

Business Phone:

E-mail:

Shareholder C:

Member's Full Name:

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 the Directors and Officers of the Corporation as of the date of submission of this application are:

Director/Officer A:

Member's Full Name:

Check if:	Director	If Office, Title of Officer:
Director or Officer	Officer	

Director/Officer B:

Member's Full Name:

Check if:	Director	If Officer, Title of Officer:
Director or Officer:	Officer	

Director/Officer C:

Member's Full Name:

Check if:	Director	If Officer, Title of Officer:
Director or Officer:	Officer	

6. Practice Location(s):

If different from the Corporation address noted in **Section A**, provide the location(s) at which the Corporation provides denturism care and service. Residential addresses of clients who receive in-home service are not required.

Practice Address: Business Phone:

Practice Address: Business Phone:

Practice Address: Business Phone:



7. Professional Activities:

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 (see Section 2.(1) 6.ii. of *Ontario Regulation 39/02*).

List any ancillary activities permitted under the corporation's articles of incorporation:

8. Member's Practising:

Members of the College of Denturists of Ontario (shareholders and employees of the corporation) who will practise the profession under the Corporation are:

- Member's Full Name: Registration#:
- Member's Full Name: Registration#:
- Member's Full Name: Registration#:
- Member's Full Name: Registration#:
- Member's Full Name: Registration #:

9. Accuracy of Application:

I have personal knowledge of the declarations contained in this application and of the information I have provided. I declare that the information is accurate and complete.

Applicant's Name

Registration #

Applicant's Signature

Date Signed (mm/dd/yyyy)



SECTION C

UNDERTAKING FOR HEALTH PROFESSION CORPORATIONS

(Each shareholder of the corporation must sign this form)

I, _____, holding College of Denturists of Ontario
Certificate of Registration number _____ of _____
Health Profession Corporation

and do 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 Code of Conduct for corporations 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 Health Profession Corporation under subsection 3.2(2) of the *Business Corporations Act*.
4. I will ensure that the Corporation complies with the *Regulated Health Professions Act, 1991* and its regulations, the *Health Professions Procedural Code*, the *Denturism Act, 1991* and its regulations and 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 of Denturists of Ontario when he or she becomes a shareholder.
6. 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 to any other information provided in the application within the time period required by the By-laws.
7. 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.
8. I will ensure that this Certificate of Authorization is renewed annually (by April 14th, 11:59pm) of each year in accordance with the College of Denturists of Ontario policies and By-laws.

Applicant's Name

Registration #

Applicant's Signature

Date Signed (mm/dd/yyyy)



SECTION D

DECLARATION FOR HEALTH PROFESSION CORPORATIONS

(A Director of the corporation must sign this form 15 days before the application is submitted to the College)

I, _____, holding College of Denturists of Ontario
 Certificate of Registration number _____ and director of _____
 _____ Health Profession Corporation
 and do hereby certify the following:

1. that the Corporation is in compliance with section 3.2 of the *Business Corporations Act*, including the regulations made under that section, as of the date this declaration is signed,
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 this application, and
4. that the information contained in the application for a Certificate of Authorization is complete and accurate.

Name of Director

Date (mm/dd/yyyy)

Signature of Director

IMPORTANT: The declaration of a Director of the Corporation, must be signed no more than 15 days prior to submission of this application.

¹ Under S.2.(1) 6. iv. of *Ontario Regulation 39/02*, an application for a Certificate of Authorization is to be accompanied by a declaration containing the information as set out in this declaration.



10. Form Submission

Submit the completed form, checklist and payment to: **College of Denturists of Ontario**
Attn: Certificate of Authorization Application
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Your application will be processed when all documents and payment have been received.

OFFICE USE ONLY

Staff Reviewing Application: _____

Signature of Reviewer

Date Signed

OFFICE USE ONLY

Application is approved.

Application is denied.

Reasons denied: _____

Registrar's Signature

Date Signed