



**CPTBC**

College of Physical Therapists  
of British Columbia

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## APPLICATION FOR A HEALTH PROFESSION CORPORATION PERMIT

Full Legal Name of Corporation: \_\_\_\_\_ = "Corporation"  
(from Certificate Of Incorporation)

Name(s) of registrant(s) with the permit for this Corporation:

\_\_\_\_\_ = "Applicant(s)"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designate mailing address (one only):

\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

List all clinics or practices owned by corporation, include name and contact information :

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

I am/We are applying under the *Health Professions Act* to the College of Physical Therapists of British Columbia for a renewal of my/our health profession corporation permit so that the Corporation may carry on the business of providing physiotherapy services to the public.

**I/WE DECLARE THAT:**

1. **Registration:** I am a full registrant/We are full registrants in good standing of the College of Physical Therapists of British Columbia.
2. **Incorporation:** The Corporation is incorporated under the *B.C. Business Corporations Act*.
3. **Good standing:** The Corporation is in good standing with the Registrar of Companies.
4. **Voting shares:** All voting shares of the Corporation meet section 43(1)(c) of the *Health Professions Act*.
5. **Non-Voting shares:** All non-voting shares of the Corporation meet section 43(1)(d) of the *Health Professions Act*.
6. **Shareholders:** The shareholders of the Corporation are:

Full name	Address	Shares	If a voting shareholder, <u>College registration number</u>	If non-voting shareholder, relationship to applicant
		1) Number: _____ 2) Class: _____ 3) Status ( <b>select one</b> ): <input type="checkbox"/> Voting <input type="checkbox"/> Nonvoting		
		1) Number: _____ 2) Class: _____ 3) Status ( <b>select one</b> ): <input type="checkbox"/> Voting <input type="checkbox"/> Nonvoting		
		1) Number: _____ 2) Class: _____ 3) Status ( <b>select one</b> ): <input type="checkbox"/> Voting <input type="checkbox"/> Nonvoting		
		1) Number: _____ 2) Class: _____ 3) Status ( <b>select one</b> ): <input type="checkbox"/> Voting <input type="checkbox"/> Nonvoting		

\*Please answer all **three** questions: If in doubt, contact your lawyer; College staff is unable to assist

7. **Directors:** All of the directors of the Corporation are registered physical therapists.
8. **Individuals practising:** The only individuals who intend to practise physiotherapy on behalf of the Corporation are the following registrants of the College of Physical Therapists of British Columbia: **(include the owner(s) if appropriate)**

Full name	College registration number

9. **Designated Person:** The designated person for the corporation is a registrant of the College and a voting shareholder.

Full name	College registration number

10. **Activities of the Corporation:** The Corporation will not carry on any activities, other than the provision of physiotherapy services or services that are directly associated with the provision of physiotherapy services, that would, for the purposes of the *Income Tax Act (Canada)*, give rise to income from business.
11. **Voting agreements:** None of the shareholders of the Corporation will enter into a voting trust agreement, proxy or any other type of agreement that vests in another person, who is not a registrant qualified to hold shares in the corporation, the authority to exercise the voting rights attached to any or all of the shares.
12. **Insurance:** The Corporation has ensured that each registrant practising on behalf of the corporation has valid professional liability insurance of at least \$3,000,000 per occurrence.
13. **Accuracy of application:** I/We have personal knowledge of the declarations contained in this application and of the information I/we have added in completing this form, and I/we declare that the declarations and information are accurate and complete.

**I/WE ACKNOWLEDGE THAT:**

- (a) I have read and understand section 14.1 of the *Health Professions Act*
- (b) I have read and understand section 71(4) of the College Bylaws, specifically:
- the liability for professional negligence is not affected by the fact that a registrant is practising physiotherapy as an employee of a health profession corporation,
  - the application of the *Health Professions Act*, Physiotherapist Regulation and College Bylaws, will not be affected, modified or diminished as a result of the registrant's relationship with the corporation, and
  - neither the issuance of a health profession corporation permit by the college or the registrant's practise of physical therapy through or on behalf of the corporation will in any way relieve or

absolve the registrant from observing the Code of Ethical Conduct and Standards or Practice referred to in Part 8 of the College Bylaws.

- (c) As per section 72 of the College Bylaws, the designated person, who is a registrant of the College and a voting shareholder of the corporation, is responsible for ensuring the corporation's compliance with the College's permit application requirements, permit renewal requirements, and any other requirements applicable to the corporation.

**I/WE ENCLOSE:**

(a) a copy of the Certificate of Incorporation and any other certificates which reflect a change in name

(b) a certificate of solicitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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Applicant's signature

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Date

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Applicant's signature

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Date

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Applicant's signature