



APPLICATION FOR 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 address. If the corporation does not own a clinic (i.e., you are a contractor), indicate "N/A" :

I am/We are applying under the *Health Professions Act* to the College of Health and Care Professionals of BC (CHCPBC) for my/our health profession corporation permit so that the Corporation may carry on the business of providing physical therapy 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 Health and Care Professionals of BC.
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 (select one): <input type="checkbox"/> Voting <input type="checkbox"/> Nonvoting | | |
| | | 1) Number: _____ 2) Class: _____ 3) Status (select one): <input type="checkbox"/> Voting <input type="checkbox"/> Nonvoting | | |
| | | 1) Number: _____ 2) Class: _____ 3) Status (select one): <input type="checkbox"/> Voting <input type="checkbox"/> Nonvoting | | |
| | | 1) Number: _____ 2) Class: _____ 3) Status (select one): <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 Health and Care Professionals of BC **(include the owner(s) if appropriate)**

| Full name | College registration number |
|-----------|-----------------------------|
| | |
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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 subparagraph 11.1.4 of Schedule 27 of the CHCPBC Bylaws, specifically:
 - the Registrant's liability for professional negligence will not be affected by the fact that the Registrant practises physical therapy through or on behalf of a health profession corporation;
 - the application of the Act, its regulations, and the Bylaws to the Registrant will not be affected, modified or diminished as a result of the Registrant's relationship with the corporation, and;
 - neither the issuance of a 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 Standards of Practice and Standards of Professional Ethics referred to in Schedule 15 of CHCPBC bylaws.

- (c) As per paragraphs 12.1 and 12.2 of Schedule 27 of CHCPBC Bylaws:
- the "Designated Person" is the person responsible for ensuring the Health Profession Corporation's compliance with the College's permit application requirements, permit renewal requirements, and any other applicable requirements;
 - the designated person must be a Registrant of the College and a voting shareholder of the Health Profession 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

Applicant's signature

Date

Applicant's signature

Date

Applicant's signature