



AUTHORIZATION FOR NAMING AND PREPARATION OF A HEALTH PROFESSION CORPORATION

The proposed Health Profession Corporation (HPC) will provide the following services: *(select one)*

- Optometry
- Physical therapy

Name approval

HPC names must comply with Bylaws 8.6, 8.7, and 8.42(b) and must include the words or abbreviations “Professional Corporation,” “Corporation,” “Corp,” “Incorporated,” or “Inc.”

HPC names that comply with Bylaw 8.12 may be approved by the Registrar. Others must be considered by the Permit Committee.

I/We, _____,
Name(s)

request approval of the following name for my/our Health Profession Corporation:

“ _____ ”
HPC name

Shareholders

Will all licensees who are voting shareholders be providing service through this HPC?

- Yes
- No



Authorization to act

(This section may be left blank if it is not applicable to your HPC.)

I/We have authorized the following individual to act on my/our behalf and prepare the documents for my/our Health Profession Corporation:

Lawyer name

Law firm

Email address

Phone number

Licensee signature(s)

Signature

Date

Signature

Date