



## HEALTH PROFESSION CORPORATION PERMIT APPLICATION

### PART A

Applicant name: \_\_\_\_\_ Licence No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Licence No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Licence No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Licence No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If you require additional space, please add another page.*



## PART B

I/We, the applicant(s), apply:

(Choose **one** of the following)

<input type="checkbox"/> to incorporate a new health profession corporation	Proposed name of new health profession corporation:	_____
		Hereinafter referred to as the "Corporation"
<input type="checkbox"/> to continue a health profession corporation incorporated under the laws of another province	Name of original corporation:	_____
	Original province of incorporation:	_____
	Proposed name of corporation in British Columbia:	_____
		Hereinafter referred to as the "Corporation"
<input type="checkbox"/> to continue a health profession corporation incorporated under the laws of another province and extra-provincially registered in British Columbia	Name of original corporation:	_____
	Original province of incorporation:	_____
	Name of corporation extra-provincially registered in BC:	_____
	Proposed name of corporation in British Columbia:	_____
		Hereinafter referred to as the "Corporation"
<input type="checkbox"/> to form a health profession corporation by way of an amalgamation	Names of corporations to be amalgamated:	_____ _____
	Proposed name of amalgamated corporation:	_____
		Hereinafter referred to as the "Corporation"
<input type="checkbox"/> to change the name of a health profession corporation	Name of corporation to be changed:	_____
	Proposed new name of corporation:	_____
		Hereinafter referred to as the "Corporation"
<input type="checkbox"/> to join a health profession corporation	Name of existing health profession corporation to be joined:	_____
		Hereinafter referred to as the "Corporation"
<input type="checkbox"/> for restoration of a health profession corporation permit following revocation or dissolution of a former permit	Reason for revocation or dissolution of original permit:	_____
	Name of optometric corporation:	_____
		Hereinafter referred to as the "Corporation"



Intended place of practice: \_\_\_\_\_

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

Existing place(s) of practice for which approval has previously been given to the applicant(s):

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

I am/We are applying under the *Health Professions and Occupations Act* (the “Act”) to the College of Health and Care Professionals of British Columbia for my/our health profession corporation permit so that the Corporation may carry on the business of providing  optometric services  physical therapy services to the public.

## PART C

I/We declare that:

1. I am a licensee/We are licensees in good standing of the College of Health and Care Professionals of British Columbia (CHCPBC).
2. All of the issued voting shares of the corporation are/will be legally and beneficially owned by individuals who are qualified to own such shares pursuant to Section 59(1) of the Act.
3. **Non-voting shares:** All of the issued non-voting shares of the corporation are/will be legally and beneficially owned by individuals who are qualified to own such shares pursuant to Section 59(2) of the Act.
4. **Shareholders:** The proposed shareholders of the corporation are/will be:

Shareholder name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Shares (number and class) – Voting/non-voting: \_\_\_\_\_

\_\_\_\_\_

CHCPBC Licence Number: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
(if voting) (if non-voting)

*Shareholder details continue on next page.*



Shareholder name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Shares (number and class) – Voting/non-voting: \_\_\_\_\_

\_\_\_\_\_

CHCPBC Licence Number: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
(if voting) (if non-voting)

Shareholder name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Shares (number and class) – Voting/non-voting: \_\_\_\_\_

\_\_\_\_\_

CHCPBC Licence Number: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
(if voting) (if non-voting)

Shareholder name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Shares (number and class) – Voting/non-voting: \_\_\_\_\_

\_\_\_\_\_

CHCPBC Licence Number: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
(if voting) (if non-voting)

*If you require additional space, please add another page.*



5. **Directors and Officers:** The proposed directors of the health profession corporation are/will be licensees of the College and are qualified to be directors pursuant to Section 59 of the Act. The directors and officers are as follows:

Directors: \_\_\_\_\_

Officers: \_\_\_\_\_

6. **Individuals practicing:** The only individuals who intend to practise  optometry  physical therapy on behalf of the Corporation are the following licensees of the College:

Name: \_\_\_\_\_ CHCPBC Licence Number: \_\_\_\_\_

Name: \_\_\_\_\_ CHCPBC Licence Number: \_\_\_\_\_

7. **Activities of the Corporation:** The Corporation will not carry on any activities, other than the provision of  optometric services  physical therapy services or services that are directly associated with the provision of such services, that would, for the purposes of the Income Tax Act (Canada), give rise to income from business.
8. **Voting agreement:** None of the shareholders of the health profession 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.
9. **Insurance:** The health profession corporation has obtained and will at all times maintain professional liability insurance in an amount of not less than \$2,000,000.00 that complies with Bylaw 8.14.
10. **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.

**Note:** You are required to review and complete all aspects of the above declaration, including items 4, 5 and 6. If in doubt, please contact your lawyer, as College staff cannot assist you nor provide the answers.



## AUTHORIZATION AND CERTIFICATION OF APPLICANT(S)

1. I/We have read, understood and met the provisions of Part 4 of the *Health Professions and Occupations Act* and Bylaw 8.0 (Permits) of the College of Health and Care Professionals of British Columbia, and agree that I/we and the Corporation, and any related holding company and any related trust, will comply with and be bound by the provisions established therein.
2. I/We confirm that there are no outstanding fines, fees, debts, levies, costs, or penalties owed to the College at the time of this application.
3. I/We confirm that I/we have authorized my/our solicitor, whose details are set out in Schedule B of this application, to provide as part of this application all requisite documentation required under Part 3, Division 4 of the Act and Bylaw 8.0 (Permits). If, following the issuance of a permit, there is any change to the information provided by my solicitor to complete this application, I will inform the College immediately with full details of such change.
4. In the event that I/we have no solicitor acting on my/our behalf in this matter, I/we shall provide as part of this application all requisite documentation required under Part 4 of the Act and Schedule 27, Part 1 of the Bylaws. If, following the issuance of a permit, there is any change to the information provided by me/us to complete this application, I/we will inform the College immediately with full details of such change.
5. I/We authorize the College to make such enquiries as it considers appropriate in connection with this application.
6. I/We authorize the College to revoke any permit issued to the Corporation if it subsequently appears that I/we have, by omission or commission, given false or misleading information in respect of any question on this application form or have failed to notify the College prior or subsequent to the permit being granted of any change in the information provided.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you require additional signatures, please add another page.*

**FOR OFFICE USE ONLY**

Application approved

Application denied

Date: \_\_\_\_\_



## SCHEDULE A – ACKNOWLEDGEMENT

**IMPORTANT:** *This schedule is to be completed by every licensee who is a voting shareholder of the Corporation or a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the Corporation, as defined under Part 3, Division 4 of the Act.*

Corporation: \_\_\_\_\_

Holding company: \_\_\_\_\_  
(if applicable)

Under the *Health Professions and Occupations Act*, the liability for professional negligence is not affected by the fact that a licensee is practising their designated health profession as an employee of a health profession corporation.

The fact that I/we will be practising on behalf of a corporation does not in any way affect, modify or diminish the application of the *Health Professions and Occupations Act*, *Health and Care Professionals Regulation*, or Bylaws of the College.

The president of the health profession corporation, or their designate, must advise the College promptly in writing of any changes to the information contained in this permit application.

I/We confirm that I/we have personal liability coverage or protection as required by Bylaw 9.12.

Name: \_\_\_\_\_ CHCPBC Licence Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ CHCPBC Licence Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ CHCPBC Licence Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ CHCPBC Licence Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ CHCPBC Licence Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SCHEDULE B – CERTIFICATE OF SOLICITOR

I/We, \_\_\_\_\_,

confirm that I/we act as the registered and records office of a company to be incorporated under the name \_\_\_\_\_ ("the Corporation") and that upon organization of the Corporation, but before the Corporation commences business, I/we will deliver to the College of Health and Care Professionals of British Columbia all documents and information required by the College for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any related holding company and any related trust will be in compliance with the provisions of Part 3, Division 4 of the Act and Bylaw 8.0 (Permits), and that the Articles of the Corporation and any related holding company will contain a provision that the company is subject to Part 3, Division 4 of the Act and Bylaw 8.0 (Permits).

I/We will report to the College any changes to the Information contained herein, attached or subsequently provided to complete this application, or while I/we am/are retained to act for the Corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name, if applicable: \_\_\_\_\_

*authorized to sign on behalf of*

Name of Company/Law Corporation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

SEAL

*Notary seal is required for processing.*



## **SCHEDULE C – CERTIFICATE OF APPLICANT**

I/We, \_\_\_\_\_,  
confirm that I/we will act as the registered and records office of a company to be incorporated under the  
name \_\_\_\_\_ ("the Corporation")  
and that upon organization of the Corporation, but before the Corporation commences business, I/we will  
deliver to the College of Health and Care Professionals of British Columbia all documents and information  
required by the College for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any related holding  
company and any related trust will be in compliance with the provisions of Part 3, Division 4 of the Act and  
Bylaw 8.0 (Permits), and that the Articles of the Corporation and any related holding company will contain a  
provision that the company is subject to Part 3, Division 4 of the Act and Bylaw 8.0 (Permits).

I/We will report to the College any changes to the Information contained herein, attached or subsequently  
provided to complete this application, or while I/we am/are retained to act for the Corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name, if applicable: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
of the registered and records office

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_