



**COLLEGE OF CHIROPRACTORS OF ONTARIO
RENEWAL FOR A
CERTIFICATE OF AUTHORIZATION FOR A
PROFESSIONAL CORPORATION**

Date of submission of application: _____
Day month Year

SECTION A

This is your notification that your completed renewal form and payment must be received at the College by **January 1, 2017**, or your certificate of authorization for incorporation may be revoked, denying you the ability to practise chiropractic through the corporation.

The address below is the **primary** address for the corporation. Please verify accuracy and make necessary changes.

TO:

CORRECTIONS:

Business Tel:
Business Fax:
E-mail:

Corporation Number:

Authorization Number:

Secondary Address(s) (List All)

SECTION B

I, _____, a member of the College of Chiropractors of Ontario and a director of the corporation, am applying on behalf of the above corporation for renewal of a Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

1. **Membership** – I am a member of the College of Chiropractors 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 (BCA)*.
3. **Corporation Status** – There has been no change in the status of the corporation since the date the enclosed corporation profile report was issued (must be within previous 30 days of the application).
4. **Shareholders** – The name of each shareholder of the Corporation and his or her College registration number, business address, business telephone number, and e-mail as of the date of submission of this application for renewal (use additional pages if necessary).

Full Name	Registration #	Business Address	Business Tel.	E-mail

5. **Directors and Officers** – The names of all the directors and officers of the corporation as of the date of the submission of this application for renewal. (Note: all directors and officers must be shareholders of the corporation.)

Full Name (as above)	Check here if a director	Check here if an officer	If an officer – title of officer

6. **Practice Location(s)** – As of the date of submission of this application for renewal, the corporation practices in the following location(s), if different from the corporate address listed in Section A. The only addresses omitted are residential addresses of clients.

Address	Tel.

7. **Supporting Documentation** – The application for renewal includes the following documents:

- Signed application form, including Undertaking forms signed by all shareholders
- Fee of \$200 payable to the College of Chiropractors of Ontario (*in Canadian funds*) by cheque or money order
- Declaration by a director of the corporation signed no more than 30 days before this application for renewal is submitted
- Copy of a corporation profile report issued by the Ministry of Government and Consumer Services or by a service provider which is under contract with the Ministry of Government and Consumer Services that is dated no more than 30 days before this application is submitted
- Copy of every certificate of the corporation that has been endorsed under the *BCA* as of the date this application is submitted (if applicable)

8. **Accuracy of Application** – I have personal knowledge of the declarations contained in this application and of the information I have added in completing this form, and I declare that the declarations and information are accurate and complete.

REGISTRATION PAYMENT INFORMATION

Please make cheque payable to **College of Chiropractors of Ontario**. **Credit card payments not accepted.**

Registration renewals **must** be received on or before January 1, 2017 or **be subject to a late payment fee of \$50.**

- Enclosed is my full fee payment of \$200 payable January 1, 2017

NOTE: This renewal form must be completed in full, signed and dated before it can be processed. Incomplete forms will not be considered to have met the due date and will be returned to the member, which may result in the member being charged a late fee. Cheques that are returned N.S.F. or are non-negotiable (i.e. misdated, not signed or otherwise miswritten) will also be returned to the member. A \$50 charge will be applied to all N.S.F. cheques in addition to the late fee, if applicable.

I declare the information as recorded on this registration form to be true and complete and made as if sworn under oath.

Date: _____ Signature of Authorized Director/Shareholder: _____

DECLARATION

I, _____, holding registration number _____,

Am a director of _____, and do hereby declare

The following:

- i. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this statutory declaration is executed,
- ii. 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 of Chiropractors of Ontario or activities related to or ancillary to the practice of the profession,
- iii. that there has been no change in the status of the corporation since the date of the corporation profile report enclosed with the application for renewal of a certificate of authorization that accompanies this declaration, and
- iv. that the information contained in the application for renewal of a certificate of authorization that accompanies this declaration is complete and accurate as of the day this declaration is signed.

Signed

Date

SECTION C

UNDERTAKING TO THE REGISTRAR FOR PROFESSIONAL CORPORATIONS

(Each shareholder of the corporation must sign this form.)

I, _____, 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 professional corporation.
4. I will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the Health Professions Procedural Code, the *Chiropractic Act* 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 as soon as he or she becomes a shareholder.
6. I will ensure that the College is notified of any changes to its name, articles of incorporation or practice locations of the corporation as soon as they occur.
7. I will ensure that if the professional corporation practices 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.

Signed

Date

Name (please print)