

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

| OF | FICE USE | ONLY |
|-------------------------------|----------|------|
| Application/Registration #: | | |
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| Date of Application Received: | | |
| Month | Day | Year |
| | 201 | |
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APPLICATION TO RENEW A CERTIFICATE OF AUTHORIZATION

This Application to Renew a Certificate of Authorization must be completed and returned with payment to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario ("CTCMPAO") **ON OR BEFORE APRIL 1, 2019**. If your Renewal Form is not received by CTCMPAO by the end of the day on April 1, 2019, your Professional Corporation Certificate of Authorization may be suspended for non-payment of fees.

Ensure that you have completed all sections of the Application to Renew a Certificate of Authorization Form. Your renewal fees must be included with your form. No sections may be left unanswered unless otherwise indicated. This will help you avoid a potential late fee if your Renewal Form is received incomplete on or after April 1, 2019.

If you have any questions regarding the completion of this form, please contact registration@ctcmpao.on.ca.

| 1. MEMBER NAME | | | |
|---|----------------------------------|--------------------------------|----------------------------------|
| Indicate your name on the CTCMPAO p | ublic register: | | |
| First Name: | | | |
| Middle Name (if applicable): | | | |
| Last Name: | | | |
| Date of Application: | | | |
| Corporation Name: | | | |
| Corporation Number: | | | |
| *Please be advised that the name of the corp | poration must comply with the | requirements of s.1 of Ontario | o Regulation 39/02. ⁱ |
| Practice / Clinic Name (if different from Corporation Name): | | | |
| 2. PRIMARY CORPORATE ADDRESS | | | |
| Street No. & Name (Required) | | | Suite No. |
| | | | |
| City (Required) | Province (Required) | Country (Required) | Postal Code (Required) |
| | | | |
| Telephone (Required) | Extension | | Fax |
| Email Address (Required) *Must be a unique | email address and cannot be shar | ed with another member of CTCM | PAO |
| | | | |

| 3. DECLARATION OF A DIRECTOR OF A PROFESSIONAL CORPORATIO | 3. | DECLARATION OF A | DIRECTOR OF A | PROFESSIONAL | CORPORATIO |
|---|----|-------------------------|---------------|--------------|------------|
|---|----|-------------------------|---------------|--------------|------------|

I, ______, a member of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College"), Registration #______, and a director of the corporation, am applying on behalf of the above corporation to renew a Certificate of Authorization under the *Regulated Health Professions Act*.

| , | | | , declare that: | | |
|----|--|---|----------------------------|---------------------------|----------------------------|
| 1. | Membership: I am a member in good standing with the College and my certificate of registration is not currently suspended or revoked. | | | | |
| 2. | Incorporation: Th | ne Corporation is incorporat | ted under the Business Cor | porations Act of Ontario. | |
| 3. | - | There has been no change i d (must be within previous 3 | - | | closed corporation profile |
| 4. | Practice Name: I will ensure that if the corporation practices in a name other than its corporate name, that the corporation shall first notify the College of its practice name and shall include its corporate name in all written, electronic or broadcast communications. | | | | |
| 5. | 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 the application is (use additional pages if necessary): | | | | |
| | Full Name | Registration No. | Business Address | Business Phone | Email |
| | | | | | |
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| | | | | | |
| 6. | | ficers: (Note: all directors a cers of the corporation as c | | - | n) The names of all of the |

| Full Name (as above) | ✓ if a Director | ✓ if an Officer | Give Title of Office if an Officer |
|----------------------|--------------------|--------------------|------------------------------------|
| | | | |
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7. **Practice Location(s):** As of the date of submission of this application, the corporation practises in the following location(s), if different from the corporate address. The only addresses omitted are residential addresses of clients.

| | Practice Address | Practice Phone Number |
|---------|------------------|-----------------------|
| PRIMARY | | |
| OTHER | | |
| OTHER | | |

| | the practice of the profession (Regulation 39/02 2.(1) 6.ii)). | | |
|-------|--|------------------------------|---|
| | List in full any ancillary activities permitted under the corpor | ation's articles of incorpor | ation: |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. UN | DERTAKING OF SHAREHOLDER OF A PROFESSIONAL CORPO | RATION | |
| | Each shareholder of the corpor | ation must sign this form | |
| , | | _, Registration # | UNDERTAKE AS FOLLOWS: |
| 1) | I will ensure that, in the course of practising the profession, t professional misconduct if done or failed to be done by myse | - | o or fail to do anything that would be |
| 2) | I will ensure that the corporation does not contravene any pregulations, the <i>Health Professions Procedural Code</i> , the <i>Tra</i> by-laws of the College. | _ | |
| 3) | I will ensure that the corporation maintains a valid Certificate services while its Certificate of Authorization is under suspen a professional corporation under subsection 3.2(2) of the <i>Bu</i> | sion or revoked or when it | |
| 4) | I will ensure that the corporation does not breach any provi may be published by the College from time to time. | sion of the Code of Condu | ict for Professional Corporations that |
| 5) | I will ensure that any person who is not currently a shareho College as soon as he or she becomes a shareholder. | lder of the corporation sh | all file a similar undertaking with the |
| 6) | I will ensure that the College is notified of any changes to the p number or email address of the Corporation within 30 days of | | address, telephone number, facsimile |
| 7) | I will ensure that the College is notified of any changes to t residences of clients, at which the professional services are of | | |
| 8) | I will ensure that the College is notified of any changes to the any other information provided in the application within the | | - |
| 9) | I will ensure the Registrar of the College is notified of a chan of each shareholder of the corporation within 30 days of any | • | he register, and registration number, |
| 10) | I will ensure that if the corporation practises in a name othe College of its practice name and shall include its corporate n | - | |
| 11) | I will ensure the College is promptly notified of any change in | any officer or director of | the corporation. |
| 12) | I will ensure the College is notified of a change in any of the articles of incorporation within 30 days of any such change. | e activities permitted to be | e carried out under the corporation's |
| | | | |
| | Signature of Shareholder | | Date |

8. **Professional Activities:** As indicated in the accompanying declaration, the corporation cannot carry on, and cannot plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to

| 5. | DEC | CLARATION | | |
|-----|--------|--|---------------------------|--|
| | | , R | egistration # | am a Director of |
| ., | | , (| | |
| | | | | |
| | i. | that the corporation is in compliance with section 3.2 ⁱⁱ of under that section, as of the date this declaration is signed. | | <i>tions Act,</i> including the regulations made |
| | | that the corporation does not carry on, and does not plan to governed by the College or activities related to or ancillary t | | |
| | | that there has been no change in the status of the corporation the application for a Certificate of Authorization that accom | | |
| | | that the information contained in the application for a Ce complete and accurate as of the day this declaration is signe | | tion that accompanies this declaration is |
| | | | | |
| | | Signature of Declarant | | Date |
| 6. | SUP | PPORTING DOCUMENTS | | |
| The | e appl | lication includes the following documents. Please ensure eac | ch document is attache | ed. Check all boxes that apply: |
| | | Signed application form including undertaking forms signed | l by all shareholders | |
| | | \$200.00 Fee for the renewal of a Certificate of Authorization | on. | |
| | | Late fee of \$50.00. If the application and fees are not recei | ved by April 1, 2019, th | he late fee will apply. |
| | | Declaration by a director of the corporation signed no more | e than 15 days before the | his application is submitted. |
| | | Copy of a corporation profile report issued by the Ministry of which is under contract with the Ministry of Government a before this application is submitted. | | |
| | | Copy of the Certificate of Incorporation (including the article | es of incorporation) | |
| | | Copy of every certificate of the corporation that has been e this application is submitted (if applicable). | ndorsed under the Bus | iness Corporations Act as of the date |
| 7. | ACC | CURACY OF APPLICATION | | |
| | - | ersonal knowledge of the declarations contained in this applicat clare that the declarations and information are accurate and co | | tion I have added in completing this form, |
| | | Signature of Applicant | | Date |
| 8. | FEES | S | | |
| The | 2019 | 9-2020 Application to Renew a Certificate of Authorization fee is | \$200.00. Please submit | your payment in ONE of the options below: |
| | | Payment Method 1: Certified Cheque / Money Order (r Practitioners and Acupuncturists of Ontario" or "CTCMPAO" in Renewal above) | | - |
| | | Payment Method 2: Credit Card (fill next section) | | |

| | 8. | FEES | (CONTINUED) | |
|--|----|------|-------------|--|
|--|----|------|-------------|--|

| Devenent Method 2: Credit Cond | |
|--|--|
| Payment Method 2: Credit Card | |
| | |
| Registration Number: | |
| Credit Card Type: | Visa MasterCard |
| Card Number: | |
| Name on card (please print): | |
| Expiry date on card (mm/yyyy): | / |
| Security code (3 digit number on back of card): | |
| By my signature, I authorize the College of T Visa or MasterCard account with the amour | raditional Chinese Medicine Practitioners and Acupuncturists of Ontario to charge my nt of <mark>\$200.00</mark> in Canadian funds. |
| Signature: | |
| SUBMIT YOUR COMPLETE APPLICATION TO | |
| SUBMIT YOUR COMPLETE APPLICATION TO | |
| MAIL: | College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario Registration Department 705 – 55 Commerce Valley Drive West Thornhill, ON L3T 7V9 |
| | |

ⁱ Section 1 of Ontario Regulation 39/02 reads, in part, as follows:

- 1. (1) A corporation is eligible to hold a certificate of authorization issued by a College if all the following conditions are met:
 - 1. The articles of the corporation provide that the corporation cannot carry on a business other than the practice of the profession governed by the College and activities related to or ancillary to the practice of that profession.

. . .

3. The name of the corporation meets the standards described in subsections (2) to (5). O. Reg. 39/02, s. 1 (1); O. Reg. 666/05, s. 2 (1).

(2) The name of the corporation must meet the requirements in section 3.2 of the *Business Corporations Act* and must not violate the provisions of any other Act. O. Reg. 39/02, s. 1 (2).

(3) The name of the corporation must include the surname of one or more shareholders of the corporation who are members of the College, as the surname is set out in the College register, and may also include the shareholder's given name, one or more of the shareholder's initials or a combination of his or her given name and initials. O. Reg. 666/05, s. 2 (2).

(4) The name of the corporation must indicate the health profession to be practised by members of the College through the corporation. O. Reg. 666/05, s. 2 (2).

(5) The name of the corporation must not include any information other than the information permitted or required by subsections (2), (3) and (4). O. Reg. 39/02, s. 1 (5).

ⁱⁱ Section 3.2 of the *Business Corporations Act*, reads as follows:

Application of Act to professional corporations

3.2 (1) This Act and the regulations apply with respect to a professional corporation except as otherwise set out in this section and sections 3.1, 3.3 and 3.4 and the regulations. 2000, c. 42, Sched., s. 2.

Conditions for professional corporations

(2) Despite any other provision of this Act but subject to subsection (6), a professional corporation shall satisfy all of the following conditions:

- 1. All of the issued and outstanding shares of the corporation shall be legally and beneficially owned, directly or indirectly, by one or more members of the same profession.
- 2. All officers and directors of the corporation shall be shareholders of the corporation.
- 3. The name of the corporation shall include the words "Professional Corporation" or "société professionnelle" and shall comply with the rules respecting the names of professional corporations set out in the regulations and with the rules respecting names set out in the regulations or by-laws made under the Act governing the profession.
- 4. The corporation shall not have a number name.
- 5. The articles of incorporation of a professional corporation shall provide that the corporation may not carry on a business other than the practice of the profession but this paragraph shall not be construed to prevent the corporation from carrying on activities related to or ancillary to the practice of the profession, including the investment of surplus funds earned by the corporation. 2000, c. 42, Sched., s. 2; 2002, c. 22, s. 8; 2005, c. 28, Sched. B, s. 1 (1).

Deemed compliance

(2.1) A professional corporation that has a name that includes the words "société professionnelle" shall be deemed to have complied with the requirements of subsection 10 (1). 2004, c. 19, s. 3 (1).

Corporate acts not invalid

(3) No act done by or on behalf of a professional corporation is invalid merely because it contravenes this Act. 2000, c. 42, Sched., s. 2.

Voting agreements void

(4) An agreement or proxy that vests in a person other than a shareholder of a professional corporation the right to vote the rights attached to a share of the corporation is void. 2000, c. 42, Sched., s. 2.

Unanimous shareholder agreements void

(5) Subject to subsection (6), a unanimous shareholder agreement in respect of a professional corporation is void unless each shareholder of the corporation is a member of the professional corporation. 2000, c. 42, Sched., s. 2; 2005, c. 28, Sched. B, s. 1 (2).