



# Prince Edward Island College of Physiotherapy

## Application for a Permit to Operate as a Health Profession Corporation

Date of submission of application: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Corporation #: \_\_\_\_\_  
(Corporation name approval is required as per Section 20(1) of the Physiotherapy Regulation)

Practice Name (if applicable): \_\_\_\_\_

Location/Facility Address (for public distribution): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Preferred Mailing Address, if different from above (for PEICPT records only):

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

I, \_\_\_\_\_, a member of the Prince Edward Island College of Physiotherapy and a director of the applicant corporation, am applying on behalf of the above corporation for a Health Profession Corporation Permit under the *Regulated Health Professions Act*, and declare that:

1. **Membership** – I am a member of the Prince Edward Island College of Physiotherapy and my certificate of registration is not currently suspended or revoked.
  
2. **Incorporation** – The corporation is incorporated under the *Canada Business Corporations Act*, the *Business Corporations Act* of Prince Edward Island, or has been issued a Certificate of Continuance under the *Business Corporations Act* of Prince Edward Island
  
3. **Corporation Status** – There has been no change in the status of the corporation pursuant to the shareholder, director and officer registers and the date of the Certificate of Compliance submitted with this application (must be within previous 30 days of the application). The articles of incorporation of the corporation permit the corporation to carry on the practice of a regulated health profession.
  
4. **Shareholders** – The name of each shareholder of the Corporation and his or her College license number, business address, business telephone number, e-mail, total number of shares and class as of the date of submission of this application (use additional pages if necessary).

Total number of voting shares in the company \_\_\_\_\_

Total number of non-voting shares in the company \_\_\_\_\_

Full Name \_\_\_\_\_ License # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Voting or Non-Voting \_\_\_\_\_

Full Name \_\_\_\_\_ License # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Voting or Non-Voting \_\_\_\_\_

Full Name \_\_\_\_\_ License # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Voting or Non-Voting \_\_\_\_\_

Full Name \_\_\_\_\_ License # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Voting or Non-Voting \_\_\_\_\_

Full Name \_\_\_\_\_ License # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Voting or Non-Voting \_\_\_\_\_

Full Name \_\_\_\_\_ License # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Voting or Non-Voting \_\_\_\_\_

**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. (Note: all directors and officers must be members of the College and shareholders of the corporation.)

Full name: \_\_\_\_\_

Director or Officer - Title of Officer \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Full name: \_\_\_\_\_

Director or Officer - Title of Officer \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Full name: \_\_\_\_\_

Director or Officer - Title of Officer \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Full name: \_\_\_\_\_

Director or Officer - Title of Officer \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Full name: \_\_\_\_\_

Director or Officer - Title of Officer \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

Full name: \_\_\_\_\_

Director or Officer - Title of Officer \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class \_\_\_\_\_

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

Facility Name & Address	Telephone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 7. Members Practicing** – Members of the Prince Edward Island College of Physiotherapy that will practice the profession through or for the corporation, including shareholders and employees of the corporation, are:

Full Name	License #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**8. Supporting Documentation** – The application includes the following documents:

- Signed application form.
- Undertaking form (Schedule 'A') signed by all shareholders.
- Proof of Liability Insurance.
- Fee of \$175 paid to the Prince Edward Island College of Physiotherapy via cheque, e-transfer or PayPal.
- Declaration (Schedule 'B') signed by a director of the corporation no more than 15 days before this application is received by the Registrar.
- Copies of the Articles of Incorporation (for a federal corporation) or the Certificate of Incorporation (or Letters Patent with Certificate of Continuance) for a provincial corporation.
- Copy of current registers of shareholders, directors and officers for the corporation.
- Certificate of Compliance for the corporation.

**9. 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.

Applicant's Signature: \_\_\_\_\_

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

**SCHEDULE 'A'**

**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, while practicing 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 College's Standards for Professional Practice or Code of Ethics that may be published by the College from time to time.
3. I will ensure that the corporation maintains a valid permit to operate as a health profession corporation as issued by the Registrar and does not provide professional or ancillary services while its permit 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 Prince Edward Island *Regulated Health Professions Act* and Physiotherapy regulations, and the 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 may become a shareholder.
6. I will ensure that the College is notified of any changes to the corporation's name, articles of incorporation or practice locations as soon as they may occur.
7. I will ensure that the corporation holds or is covered by professional liability insurance or protection as required by the Regulations and will provide proof of such coverage upon demand by the Registrar.

Name (please print) \_\_\_\_\_ License # \_\_\_\_\_

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

**SCHEDULE 'B'**

**DECLARATION**

I, \_\_\_\_\_, holding license number \_\_\_\_\_  
am a director of \_\_\_\_\_, and do hereby declare the following:

1. that the corporation is in compliance with the *Canada Business Corporations Act* or Prince Edward Island *Business Corporations Act*, as the case may be, as of the date this declaration is signed,
2. 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 or activities related to or ancillary to the practice of that profession,
3. that there has been no change in the status of the corporation since the date of the documents filed in support of this application for a permit to operate as a health profession corporation, and
4. that the information contained in the application for a permit that accompanies this declaration is complete and accurate as of the day this declaration is signed.

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