



RENEWAL APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

Date of submission of application: _____ dd/mm/yy

Section A

Corporate Name: _____ Corporation #: _____

(N.B. The name of the corporation must comply with the requirements of s.1 of Ontario 39/02 – see Guide)

Practice Name (if applicable): _____ Any business name used by the dietetic professional corporation.

Corporate Address: _____

Phone #: _____ Fax #: _____

e-mail: _____

Section B

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

- 1) Membership: I am a member of the College of Dietitians 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.

3) **Corporation Status:** There has been no change in the status of the corporation since the date the certificate of status was issued (must be within previous 30 days of the date of submission of this 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 (attach additional pages if necessary):

Full Name	College Registration #	Business Address	Business Phone	e-mail

5) **Directors and Officers:** Note: all directors and officers must be shareholders of the corporation. The names of all of the directors and officers of the corporation as of the date of submission of this application are (attach additional pages if necessary):

Full Name (as above)	Check off if a Director	Check off if an Officer	Give Title of Office if an Officer

6) Practice Location(s): may be College specific request

As of the date of submission of this application, the corporation practises in the following location(s), if different from the corporate address, as listed in Section A. The only addresses omitted are residential addresses of clients. Attach additional pages if necessary.

Address	Phone

7) Professional Activities:

As indicated in the accompanying statutory declaration, the corporation can not carry on, and can not plan to carry on, any business that is not the practise of the profession governed by the College or activities related to or ancillary to the practice of the profession (Regulation 39/02 2.(1) 6.ii)). List in full any ancillary activities other than the practice of the profession that the corporation plans to carry out.

- 8) **Members Practising:** Members of the College of Dietitians who will practise the profession through the corporation, including shareholders and employees of the corporation, are (attach additional pages if necessary):

Full Name	College Registration #

- 9) **Supporting Documentation:**

The application includes the following documents:

- Signed renewal application form including undertaking forms signed by all shareholders (refer to Section C).
Form must be signed manually. Applications with electronic signature will not be accepted.
- Annual Corporation Renewal Fee of \$640.
- Declaration for Issuance (refer to Section D) signed by all Directors of the corporation no more than 15 days before this application is submitted.
- Corporation Profile Report from Ministry of Consumer & Business Services, or a service provider contracted by the Ministry, issued not more than 30 days before this application is submitted.
- Copy of Certificate of Incorporation (including the articles of incorporation).
- Copy of every Certificate of Incorporation of the corporation that has been endorsed under the *Business Corporations Act* as of the date this application is submitted (if applicable).

10) **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

Form must be signed manually. Applications with electronic signature will not be accepted

Date

Print Name

Registration #

OFFICE USE ONLY

- Application is approved
- Application is denied

Reasons denied: _____

Registrar's Signature

Date

Section C

**UNDERTAKING FOR
PROFESSIONAL CORPORATIONS**

(Each shareholder of the corporation must sign this form)

I, _____, holding College registration number _____, am a shareholder of _____ and

do 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 under subsection 3.2(2) of the *Business Corporations Act*.
- (4) I will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Dietetics 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 the name, articles of incorporation or practice locations of the corporation as soon as they occur and to any other information provided in the application within the time period required by the by-laws.
- (7) I will ensure that if the corporation practises 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.

Signature of Shareholder

Form must be signed manually. Applications with electronic signature will not be accepted

Date

Print Name

Registration #

Section D
DECLARATION FOR ISSUANCE

I, _____, holding College registration number _____, am a director of _____ and do here solemnly declare the following:

1. I certify 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 or activities related to or ancillary to the practice of that profession,
- iii. that there has been no change in the status of the corporation since the date of the certificate of status enclosed with the application for a Certificate of Authorization that accompanies this statutory declaration, and
- iv. that the information contained in the application for a Certificate of Authorization that accompanies this statutory declaration is complete and accurate as of the day this statutory declaration is executed.

Signature of Director

Form must be signed manually. Applications with electronic signature will not be accepted

Date

Print Name

Registration #

IMPORTANT: Please ensure the Declaration is received by the College not more than 15 days from date of Director's signature.