



INITIAL APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR A HEALTH PROFESSION CORPORATION

Date of submission of application: _____ dd/mmm/yyyy

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 health profession corporation, am applying on behalf of the above health profession corporation for a Certificate of Authorization under the Regulated Health Professions Act, 1991, 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 health profession corporation is incorporated under the Business Corporations Act, 1990, of Ontario.

- 3) **Corporation Status:** There has been no change in the status of the health profession 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 health profession corporation and their 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 |
|-----------|------------------------|------------------|----------------|--------|
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- 5) **Directors and Officers:** Note: all directors and officers must be shareholders of the health profession corporation. The names of all of the directors and officers of the health profession 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 |
|----------------------|-------------------------|-------------------------|------------------------------------|
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6) Practice Location(s): may be College specific request

As of the date of submission of this application, the health profession 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 |
|---------|-------|
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7) Professional Activities:

As indicated in the accompanying statutory declaration, the health profession corporation cannot 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 health profession corporation plans to carry out.

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

| Full Name | College Registration # |
|-----------|------------------------|
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- 9) **Please mail the application form and supporting documentation to:**

College of Dietitians of Ontario
 1810-5775 Yonge Street, Box 30
 Toronto, ON M2M 4J1

The application must include the following documents:

- Signed 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.
- Application Fee of \$185. The preferred payment is credit card, please complete the credit card authorization form (enclosed) and mail it to the College along with this form.
- Declaration for Issuance signed by a director of the health profession corporation no more than 15 days before this application is submitted (refer to Section D).
- Corporation Profile Report from Ministry of Government and Consumer 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 health profession corporation that has been endorsed under the [Business Corporations Act, 1990](#), 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 #

Note: The annual fee for a health profession corporation Certificate of Authorization is the same amount as the annual individual College membership fee. Once your application has been approved, College staff will inform you of the fees owing (pro-rated as applicable) for your corporation's Certificate of Authorization.

Section C

**UNDERTAKING FOR
HEALTH PROFESSIONAL CORPORATIONS**

(Each shareholder of the health profession 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, 1990*](#).
- (4) I will ensure that the corporation complies with the [*Regulated Health Professions Act, 1991*](#), and its regulations, the [*Health Professions Procedural Code*](#), the [*Dietetics Act, 1991*](#), 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, 1990*](#), 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.



College of
Dietitians
of Ontario

Payment by Visa/MasterCard

Name: _____

Corporation #: _____

Your Card #

Enter Credit card number in this format xxxx-xxxx-xxxx-xxxx

Expiry Date: _____

mm/yyyy

Signature: _____

Amount: _____

Payment for (check one)

| | |
|---|---|
| <input type="checkbox"/> Renewal Fee | <input type="checkbox"/> Late Fee |
| <input type="checkbox"/> Admin Fee | <input type="checkbox"/> CDRE Fee |
| <input type="checkbox"/> Temporary Fee | <input type="checkbox"/> Initial Fee |
| <input type="checkbox"/> Other (Specify) | |

Return the completed form to College of Dietitians of Ontario by:

Mail: The College of Dietitians of Ontario
1810-5775 Yonge Street, Box 30
Toronto, ON – M2M 4J1