COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
T: 416.961.8817 1.800.489.8388
F: 416.961.2635 www.cpbao.ca

APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

Name of Professional Corporation:

Note: The name of the Corporation must comply with the requirements of s.1 of Ontario Regulation 39/02 of the Regulated Health Professions Act, 1991 (see Guide)

Ontario Corporation Number:

Practice Name (if applicable):

CORPORATE ADDRESS OF PROFESSIONAL CORPORATION

The corporate address must be listed on the public portion of the College Register.

Corporate Address					
Business Address:				Suite:	
City:		Province:		Postal Code:	
Telephone:		Email:			

SHAREHOLDER INFORMATION

The following information must be current as of the day the application is submitted. All Shareholders must be members of the College.

Shareholder 1					
Member Name:			Registration Number:		
Business Address:				Suite:	
City:		Province:		Postal Code:	
Telephone:		Email:			

Shareholder 2					
Member Name:			Registration Number:		
Business Address:				Suite:	
City:		Province:		Postal Code:	
Telephone:		Email:			

Shareholder 3					
Member Name:				Registration Number:	
Business Address:				Suite:	
City:		Province:		Postal Code:	
Telephone:		Email:			

(attach additional pages, if necessary)

DIRECTORS AND OFFICERS

All Directors and Officers must be members of the College and Shareholders of the Corporation and the following information must be current as of the day the application is submitted.

Registration #	Full Name	Director	Officer	Title of Office
		☐	☐	
		☐	☐	
		☐	☐	

PRACTICE LOCATIONS

As of the date of submission of this application, the corporation practises in the following location(s), if different from the corporate address. It is not necessary to include the addresses of clients if services are provided there. Practice locations will be listed on the public portion of the College Register.

Location 1					
Business Address:				Suite:	
City:		Province:		Postal Code:	
Telephone:		Email:			

Location 2					
Business Address:				Suite:	
City:		Province:		Postal Code:	
Telephone:		Email:			

Location 3					
Business Address:				Suite:	
City:		Province:		Postal Code:	
Telephone:		Email:			

(attach additional pages, if necessary)

MEMBERS PRACTICING

Members of the College that will practise the profession through the corporation, including practicing members who are shareholders, officers and directors of the corporation, are:

Registration #	Full Name

PROFESSIONAL ACTIVITIES

Briefly describe the professional activities to be carried out by the corporation. As indicated in the accompanying statutory declaration, the corporation cannot carry on, and cannot 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.iii). Please list and describe in full any ancillary activities permitted under the corporation's articles of incorporation.

SUPPORTING DOCUMENTS

- ☐ Application Fee of $350 payable to the College of Psychologists of Ontario.
- ☐ Signed Application for a Certificate of Authorization for a Professional Corporation.
- ☐ Declaration by a Director of the Corporation signed no more than 15 days before this is submitted application.
- ☐ Shareholder Undertakings (one signed by each Shareholder).
- ☐ Copy of a Corporation Profile Report issued by the Ministry of Government and Consumer Services that is dated not more than 30 days before this application is submitted.
- ☐ Copy of the 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).

I confirm that the information contained in this Application for a Certificate of Authorization for a Professional Corporation is complete and accurate:

Signature of Director Authorized to Sign on Behalf of the Corporation	Date
Print Name	Registration #

FOR OFFICE USE ONLY	
Application approved? ☐ Yes ☐ No	
Reasons for Denial?	
Registrar's/Deputy Registrar's Signature:	
Date:	

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DECLARATION

I, _____, holding College registration number _____,
[Insert Full Name of Psychologist, Psychological Associate or Behaviour Analyst

am a Director of _____, do hereby declare the following:
[Insert Full Name of Professional Corporation ("Corporation")]

1. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* 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 corporation profile report enclosed with the application for a Certificate of Authorization that accompanies this declaration, and
4. that the information contained in the application for a Certificate of Authorization that accompanies this declaration is complete and accurate as of the day this declaration is signed.

_____ _____
Signature of Declarant Date

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SHAREHOLDER UNDERTAKING

UNDERTAKING TO THE
REGISTRAR FOR
PROFESSIONAL CORPORATION
(Each Shareholder of the Corporation must complete and sign this form)

I, _____, a member of the College of Psychologists and Behaviour Analysts of Ontario ("College") and a
Name of Shareholder

Shareholder of _____, undertake as follows:
Name of Professional Corporation ("Corporation")

(1) I accept professional responsibility for any act or omission of the Corporation that would be misconduct if such act or omission had been committed or omitted by a member of the College.
(2) I will ensure that the Corporation does not do or cause to be done or omit or cause to be omitted anything that would be professional misconduct if done or omitted to be done by a member of the College.
(3) 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.
(4) 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*.
(5) I will ensure that the Corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Psychology Act* and its regulations, and by-laws of the College.
(6) I will ensure that the College is notified immediately of any change in shareholders of the Corporation and that any future shareholders of the Corporation shall file a Shareholders Undertaking with the College as soon as he or she becomes a shareholder.
(7) 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.
(8) 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.
(9) I acknowledge that a breach of this undertaking may result in referral of specified allegations of professional misconduct against me to the Discipline Committee arising out of my failure to abide by any of the terms of this Undertaking.

Signature of Shareholder	Date
Print Name	Registration #