



College of Physicians and Surgeons of British Columbia

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Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
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Application for Medical Corporation Permit

Pursuant to Part 4 of the *Health Professions Act*, RSBC 1996, c.183 (the "Act") and Part 6 of the Bylaws of the College of Physicians and Surgeons of British Columbia (the "College").

Please print your responses clearly and completely. If you have any questions, contact the College at 604-733-7758 or 1-800-461-3008 (toll-free in BC).

Corporation No.:
INC
FOR OFFICE USE ONLY

PART A

Please attach an additional sheet if more space is required.

APPLICANT 1

Name: _____ CPSID: _____

Current mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

APPLICANT 2

Name: _____ CPSID: _____

Current mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

APPLICANT 3

Name: _____ CPSID: _____

Current mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

PART B

I/We, the applicant(s), wish to apply (choose one of the following):

- to incorporate a new medical corporation**
 - ▶ Proposed name of new medical corporation: _____
hereinafter referred to as the "Corporation"

- to continue a medical corporation incorporated under the laws of another province**
 - ▶ Name of original corporation: _____
 - Original province of incorporation: _____
 - Proposed name of corporation in British Columbia: _____
hereinafter referred to as the "Corporation"

- to continue a medical corporation incorporated under the laws of another province and extra-provincially registered in British Columbia**
 - ▶ Name of original corporation: _____
 - Original province of incorporation: _____
 - Name of corporation extra-provincially registered in British Columbia: _____
 - Proposed name of corporation in British Columbia: _____
hereinafter referred to as the "Corporation"

- to form a medical corporation by way of an amalgamation**
 - ▶ Names of corporations to be amalgamated: _____

 - Proposed name of amalgamated corporation: _____
hereinafter referred to as the "Corporation"

- to change the name of a medical corporation**
 - ▶ Name of medical corporation to be changed: _____
 - Proposed new name of corporation: _____
hereinafter referred to as the "Corporation"

- to join a medical corporation**
 - ▶ Name of existing medical corporation to be joined: _____
hereinafter referred to as the "Corporation"

- for restoration of a medical corporation permit following revocation or dissolution of a former permit**
 - ▶ Name of medical corporation: _____
hereinafter referred to as the "Corporation"
 - Reason for revocation or dissolution of original permit: _____

Additional information—please attach an additional sheet if more space is required.

AUTHORIZATION AND CERTIFICATION OF APPLICANT(S)

I hereby certify that the information provided in this application is true, accurate and complete. If, following the issuance of a permit, there is any change to the information provided in, or to complete, this application, I will inform the College immediately with full details of that change.

I have read, understood and met the provisions of Part 4 of the Act and Part 6 of the Bylaws, and agree that I and the Corporation, any related holding company and any related trust will comply with and be bound by the provisions established therein.

I confirm that I have read and understood the provisions of section 14.1 of the Act, and agree to comply with and be bound by those provisions.

I confirm that there are no outstanding fines, fees, debts, levies, costs or penalties owed to the College at the time of this application.

I confirm that I have authorized my solicitor, whose details are set out in Schedule B attached, to provide as part of this application all requisite documentation required under Part 4 of the Act and Part 6 of the Bylaws. If, following the issuance of a permit, there is any change to the information provided by my solicitor to complete this application, I will inform the College immediately with full details of that change.

I authorize the College to make such enquiries as it considers appropriate in connection with this application.

I authorize the College to revoke any permit issued to the Corporation if it subsequently appears that I have, by omission or commission, given false or misleading information in respect of any question on this application form or have failed to notify the College prior or subsequent to the permit being granted of any change in the information provided.

Signature _____ CPSID _____ Date _____
APPLICANT 1 YYYY-MM-DD

Signature _____ CPSID _____ Date _____
APPLICANT 2 YYYY-MM-DD

Signature _____ CPSID _____ Date _____
APPLICANT 3 YYYY-MM-DD

SCHEDULE A – ACKNOWLEDGEMENT

This schedule is to be completed by every registrant who is a voting shareholder of the Corporation or of a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the Corporation, as defined under section 43 of the Act.

Corporation: _____

Holding company (if applicable): _____

I/We acknowledge that I/we have read and understand the provisions of section 14.1 of the Act and section 6-3(1)(b) of the Bylaws and undertake to comply with these provision.

I/We confirm that I/we have personal liability coverage or protection as set out under section 4-10 of the Bylaws.

Full name (please print)
LAST NAME, FIRST NAME(S)

CPSID

SIGNATURE

DATE
YYYY-MM-DD

_____	_____	_____	_____
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_____	_____	_____	_____

SCHEDULE B – CERTIFICATE OF SOLICITOR

I/We, _____, confirm that I/we act as the registered and records office of a company to be incorporated under the name _____ (the “Corporation”) and that upon organization of the Corporation, but before the Corporation commences business, I/we will deliver to the College of Physicians and Surgeons of British Columbia all documents and information required under sections 6-3(1)(f)–(h) of the Bylaws for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any related holding company and any related trust will be in compliance with the provisions of Part 4 of the Act and Part 6 of the Bylaws, and that the articles of the Corporation and any related holding company will contain a provision that the company is subject to Part 4 of the Act and Part 6 of the Bylaws.

I/We will report to the College any changes to the information contained herein, attached or subsequently provided to complete this application, or while I/we am/are retained to act for the Corporation.

Signature

Date

Full name of individual authorized to sign on behalf of:

Name of company/law corporation

Address of company/law corporation

City

Province

Postal code

Seal—A notary seal is required for processing.

The information collected in this application form is collected under the authority of the *Health Professions Act*, RSBC 1996, c.183. The information provided will be used to process your application for a medical corporation permit with the College of Physicians and Surgeons of British Columbia. If you have any questions about the collection and use of this information, please contact the College at 300–669 Howe Street, Vancouver, BC, V6C 0B4 or call 604-733-7758 or 1-800-461-3008 (toll-free in BC).