COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

HEALTH PROFESSION CORPORATIONS

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Health Profession Corporation Permit Application

INCORPORATION, CONTINUATION, AMALGAMATION, REINSTATEMENT AND RESTORATION

Pursuant to division 4, part 3 of the *Health Professions and Occupations Act* (*HPOA*) and part 7 of the Bylaws of the College of Physicians and Surgeons of British Columbia (CPSBC).

PMC #

CPSBC USE ONLY

PART A – LICENSEES INFORMATION

This application is for a: ◯ corporation (one or two licensees)

◯ multi-licensee corporation (minimum three licensees required)

Licensee (Applicant) 1

Name (as it appears on the CPSBC directory): _____

Business address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____ CPSID: _____

Licensee (Applicant) 2

Name (as it appears on the CPSBC directory): _____

Business address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____ CPSID: _____

Licensee (Applicant) 3

Name (as it appears on the CPSBC directory): _____

Business address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____ CPSID: _____

Additional licensees

If more space is required, complete a Health Profession Corporation Permit Application – Additional Licensee form for **each additional licensee applicant.**

Number of additional licensee forms attached to this application: _____

PART B – CORPORATION INFORMATION

Application type:

- ◯ Newly incorporated company
- ◯ An existing non-medical company
- ◯ Continuation into British Columbia
- ◯ Amalgamation
- ◯ Restoration after dissolution
- ◯ Reinstatement of permit under section 7-23 of the Bylaws
- ◯ Other (please specify):

_____

Proposed health profession corporation name

Note: This name must match the name previously approved CPSBC under section 7-6 of the Bylaws.

If the applicant is a medical practitioner licensee:

Name: _____
hereinafter referred to as the "Corporation"

Corporate designation: _____

If the applicant is a podiatric surgeon licensee:

Name: _____
hereinafter referred to as the "Corporation"

Corporate designation: _____

If multi-licensee corporation requesting alternate form under section 7-6(5) of the Bylaws:

Name: _____
hereinafter referred to as the "Corporation"

Corporate designation: _____

Additional information (attach an additional sheet if more space is required):

PART C – SIGNATURES, ACKNOWLEDGEMENT, ATTESTATION AND CERTIFICATIONS

The following must be completed and executed by each eligible licensee who legally and beneficially own the voting shares of the Corporation, either directly or through a holding company permitted under section 59 of the *HPOA*.

A. Acknowledgement (section 7-3(2)(a) of the Bylaws)

Section 80 of the *HPOA*

Duties if practising through corporation

80 (1) The liability of a licensee for professional negligence in practising a designated health profession is not affected by the fact that the licensee is carrying on that practice

(a) as an employee, shareholder, officer or director of a corporation, or

(b) as a partner or employee of a limited liability partnership.

(2) The application of this Act, the regulations and the bylaws to a licensee is not affected by the licensee's relationship to a corporation or limited liability partnership as described in subsection (1).

(3) Nothing in this Act affects, modifies or limits any law applicable to the fiduciary, confidential or ethical relationships that exist between a licensee and a patient.

(4) The relationship between a corporation and a patient who is receiving health services provided through the corporation is subject to all applicable laws relating to the fiduciary, confidential and ethical relationships that exist between a licensee and a patient.

By signing below, I acknowledge that I have read section 80 of the *HPOA* and section 7-3(2)(a) of the Bylaws, and understand that:

1. My liability for professional negligence is not affected by my practising through or on behalf of the Corporation;
2. My relationship with the Corporation does not affect, modify or diminish the application of the *HPOA*, the Regulations, and the Bylaws to me; and
3. Neither the issuance of a health profession corporation permit nor my practising through or on behalf of the Corporation relieves or absolves me from complying with any standard, limit, or condition imposed under the *HPOA* or the Bylaws.

B. Attestation of compliance (sections 7-3(2)(d) and 7-4 of the Bylaws)

By signing below, I attest that:

1. The Corporation is in good standing under the *Business Corporations Act* (British Columbia);
2. All directors of the Corporation, as defined in section 1(1) of the *Business Corporations Act* (British Columbia), are eligible licensees under the *HPOA*;
3. I meet the eligibility standards for a permit under section 7-4 of the Bylaws;
4. The Corporation will comply with the *HPOA*, the Regulations and the Bylaws;
5. All employees of the Corporation who will be providing health services through the Corporation are, or will be supervised by, practising licensees under the *HPOA*; and
6. All employees of the Corporation who will be providing health services through the Corporation will have professional liability insurance or protection in accordance with section 6-18 of the Bylaws.

C. Applicant certification and authorization

By signing below:

1. I certify that all information and documents submitted in support of this application are true, accurate, and complete;
2. I confirm that all shareholdings of the Corporation comply with section 59 of the *HPOA*;
3. I acknowledge that the permit application fee and annual permit fee required under section 7-3(2)(e) of the Bylaws must be paid before CPSBC can complete its review of this application;
4. I confirm that I have no outstanding amounts owed to CPSBC as required under section 7-3(2)(f) of the Bylaws;
5. I confirm, in my capacity as an authorized signatory of the Corporation, that the Corporation has no outstanding amounts owed to CPSBC as required under section 7-3(2)(f) of the Bylaws;
6. I confirm that I will provide, either directly or through the Corporation's legal counsel, any additional information or records that I am directed or ordered to provide under section 7-3(2)(g) of the Bylaws;
7. I confirm that I have authorized the Corporation's legal counsel, whose information is set out in the Certificate of Solicitor, to provide on my behalf all documentation, information and required fees in connection with this application;
8. If any information or documentation submitted in support of this application changes following issuance of the permit, I will provide written notification as soon as practicable in accordance with section 7-9 of the Bylaws, either directly or through the Corporation's legal counsel;
9. I authorize CPSBC to make any inquiries it considers necessary to verify the information provided in this application; and
10. I acknowledge that CPSBC may revoke a permit issued to the Corporation if I have provided false or misleading information or have failed to notify CPSBC of any change in the information provided in this application.

SIGNATURES

Name: _____ CPSID: _____

Signature: _____ Date: _____

Name: _____ CPSID: _____

Signature: _____ Date: _____

Name: _____ CPSID: _____

Signature: _____ Date: _____

SCHEDULE A – CERTIFICATE OF SOLICITOR

To: College of Physicians and Surgeons of British Columbia (CPSBC)

Re: Application for Health Profession Corporation Permit

I, _____,

a lawyer licensed to practise in a province or territory of Canada, confirm that I have been retained in connection with the application for a health profession corporation permit for

_____ (the "Corporation").

In providing this Certificate of Solicitor, I confirm the following:

Corporate records reviewed

I have received and reviewed the following records of the Corporation, and, where applicable, of any holding company that legally and beneficially owns shares of the Corporation:

- the Certificate of Incorporation or equivalent corporate registration document
- the Notice of Articles
- the Central Securities Register
- the Articles of the Corporation, and the Articles of any holding company shareholder
- such other documents as I consider necessary for the purpose of giving this Certificate of Solicitor

Compliance with legislative requirements

Based on the records reviewed, I confirm that:

a. The Corporation is a company in good standing under the *Business Corporations Act* (British Columbia), in accordance with section 58(a) of the *Health Professions and Occupations Act* (*HPOA*);

b. All directors of the Corporation are eligible licensees, in accordance with section 58(b) of the *HPOA*; and

c. All shareholdings of the Corporation comply with section 59 of the *HPOA*.

Registered and records offices disclosure

◯ I/we act as the registered and records offices of the Corporation.

◯ The Corporation has appointed another registered office and/or records office, located at:

Registered office: _____

Records office: _____

Accuracy and reliance

I confirm that the information provided to CPSBC in support of this application is true, accurate, and complete to the best of my knowledge, based on information provided by the applicant(s).

I am aware that CPSBC will rely on this Certificate of Solicitor in assessing eligibility for the issuance of the permit.

Solicitor information and signature

Solicitor name: _____

Firm name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

SUBMISSION

Before you submit your application, confirm that all required documents are fully completed and included in your application package:

- ☐ Completed Heath Profession Corporation Permit Application
  - ☐ Part A – Executed acknowledgement (section 7-3(2)(a))
  - ☐ Part B – Executed attestation of compliance (section 7-3(2)(d))
  - ☐ Part C – Executed certification and authorization
  - ☐ Schedule A - Certificate of Solicitor
- ☐ Certificate of Incorporation or equivalent (amalgamation, continuation, restoration certificate, or transition application, as applicable) issued by the Registrar of Companies under the *Business Corporations Act* (British Columbia)
- ☐ Certificate of Change of Name (if applicable) issued by the Registrar of Companies under the *Business Corporations Act* (British Columbia)
- ☐ Payment of all applicable fees (permit application fee and annual permit fee) required under schedule D of the Bylaws
- ☐ Confirmation of payment of any outstanding amounts owed to CPSBC by the Corporation or any eligible licensee (section 7-3(2)(f))

Submit the completed application and all supporting documents to pmcapp@cpsbc.ca.

Do not submit applications by mail or fax. CPSBC does not process applications submitted by mail or fax, and does not accept payment by cheque or money order.

IMPORTANT NOTICE

Annual renewal requirements

Health profession corporation permits expire annually on the last day of February. To maintain a valid permit, all corporations must complete the renewal process before March 1 each year. If renewal is not completed before March 1, a late renewal fee applies, and the corporation must apply for late renewal no later than May 1.

If renewal and payment are not completed by May 1, the corporation must apply for reinstatement under section 7-23 of the Bylaws if it seeks to continue to operate as a health profession corporation.

The College of Physicians and Surgeons of BC (CPSBC) collects, uses, discloses, stores, and retains personal information under the legal authority of the *Freedom of Information and Protection of Privacy Act* (*FIPPA*), RSBC 1996, c.165 and the CPSBC Bylaws made under the *Health Professions and Occupations Act* (*HPOA*), SBC 2022, c.43.

The personal information collected on this form is permitted under sections 26(c) and (e) of *FIPPA* for the purpose of managing your health profession corporation permit application.

If you have any questions or concerns about CPSBC privacy practices, please email privacy@cpsbc.ca.