

# Application for a Certificate of Authorization for a Health Profession Corporation



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Please review the Privacy Policy at [www.cno.org/privacy](http://www.cno.org/privacy) to understand how your personal information will be used.

## Instructions and Checklist

Application forms for a Certificate of Authorization for a Health Profession Corporation (“Corporation”) that are incomplete will be returned.

The \$565.00 (includes HST) fee accompanying the application form is non-refundable. The fee must be paid by debit card or a credit card accepted by the College.

### INSTRUCTIONS

Prior to submitting your application form, please ensure that the following criteria have been met:

1. A Director (*must be a member of the College*) authorized to sign on behalf of the Corporation has signed the application form (Part A).
2. The same Director that signed the application form has also signed the required Declaration (Part B).
3. Each Director (*must be members of the College*) of the Corporation has executed an Undertaking in Part C. Please make as many copies of the form as required.
4. Each Shareholder (*must be members of the College*) of the Corporation has executed an Undertaking in Part D in respect of the Corporation. Please make as many copies of the form as required.
5. In completing the application form, if more space is required, attach additional pages labelled appropriately.

### CHECKLIST

An application for a Certificate of Authorization for a Health Profession Corporation is considered incomplete without the following enclosures:

1. Signed application form completed by the same Director of the Corporation who signed the Declaration. (See item 3.)
2. Fee in the amount of \$565.00 (includes HST) payable to the College of Nurses of Ontario.
3. Declaration by a Director of the Corporation signed not more than 15 days before the application is submitted to the Executive Director.
4. Certified copy of a corporation profile report issued by the Ministry of Government and Consumer Services (or a service provider under contract to the Ministry) not more than 30 days before the application is submitted to the Executive Director, which indicates that the Corporation is active.
5. Certified copy of the Certificate of Incorporation of the Corporation (*must be issued by the Ministry of Government Services*).
6. Certified copy of every Certificate of the Corporation (*must be issued by the Ministry of Government Services*) that has been endorsed under the *Business Corporations Act (Ontario)* since the Corporation’s most recent application for a Certificate of Authorization or for renewal of its Certification of Authorization.
7. Undertaking in Part C to be completed by each Director of the Corporation.
8. Undertaking in Part D to be completed by each Shareholder of the Corporation (excluding Director(s) who have completed Part C).



# Application for a **Certificate of Authorization** for a Health Profession Corporation

**ONTARIO CORPORATION NO. ISSUED BY MINISTRY**

**1) NAME OF HEALTH PROFESSION 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*.

**2) BUSINESS ADDRESS OF HEALTH PROFESSION CORPORATION**

STREET		SUITE
CITY	PROVINCE	POSTAL CODE
TEL	FAX	E-MAIL (optional)

**3) NAME(S) OF SHAREHOLDER(S) AS OF THE DAY THE APPLICATION IS SUBMITTED (must be a member of the College) AND HIS/HER BUSINESS ADDRESS, BUSINESS TELEPHONE NUMBER AND REGISTRATION NUMBER WITH THE COLLEGE AS OF THAT DAY.**

		College Registration #
Last Name	Given Names (underline one commonly used)	
Business Address (Street)	Suite	
City	Province	Postal Code
Telephone	Fax	E-Mail
Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Provide Title of Office

		College Registration #
Last Name	Given Names (underline one commonly used)	
Business Address (Street)	Suite	
City	Province	Postal Code
Telephone	Fax	E-Mail
Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Provide Title of Office

		College Registration #
Last Name	Given Names (underline one commonly used)	
Business Address (Street)	Suite	
City	Province	Postal Code
Telephone	Fax	E-Mail
Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Provide Title of Office

(Attach additional pages appropriately labelled, if necessary.)

College Registration # \_\_\_\_\_

Last Name \_\_\_\_\_ Given Names (underline one commonly used) \_\_\_\_\_

Business Address (Street) \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Director  Officer  Provide Title of Office \_\_\_\_\_

**4) NAME(S) OF INDIVIDUAL(S) (must be a member of the College) WHO WILL PRACTISE ON BEHALF OF THE CORPORATION, INCLUDING ALL SHAREHOLDERS AND NURSING EMPLOYEES OF THE CORPORATION, AS OF THE DAY APPLICATION WAS SUBMITTED.**

COLLEGE REGISTRATION #	FULL NAME

**5) THE CORPORATION INTENDS TO PRACTISE AND/OR CARRY ON BUSINESS IN THE FOLLOWING LOCATION(S):**

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_



## PART B

### TO BE EXECUTED BY A **DIRECTOR** ONLY

#### Declaration

I, \_\_\_\_\_, a director of \_\_\_\_\_,

[Insert Full Name of Nurse]

[Insert Full Name of Health Profession Corporation ("Corporation")]

do hereby certify that the following statements are true:

1. I am a member of the College of Nurses of Ontario holding Certificate of Registration No. \_\_\_\_\_.
2. I am a director of the Corporation and have the authority to apply for a Certificate of Authorization.
3. The Corporation is in compliance with section 3.2 of the *Business Corporations Act (Ontario)* as of the date this Declaration is signed.
4. The Corporation does not plan to carry on, and will not carry on, any business that is not the practice of nursing or an activity related or ancillary to the practice of that profession.
5. 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 Declaration.
6. 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)

**TO BE EXECUTED BY EACH DIRECTOR**

**Undertaking**

**Each Director of the Health Profession Corporation is required to execute a separate Undertaking.**

I, \_\_\_\_\_, a member of College of Nurses of Ontario  
Name of Director

(“College”) and a shareholder of \_\_\_\_\_ UNDERTAKE TO  
Name of Corporation (“Corporation”) THE COLLEGE AS FOLLOWS:

1. I accept professional responsibility for any act or omission of the Corporation that would be professional misconduct if such an 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 engage in the practice of nursing, or any activity related or ancillary to the practice of that profession, unless it maintains a valid Certificate of Authorization issued by the College.
4. I will ensure that the Corporation does not practise under any name other than the name of the Corporation, a practice name previously approved by the College for use by a shareholder of the Corporation or a name permitted by Regulation.
5. I will ensure that the Corporation complies with the *Regulated Health Professions Act, 1991*, the *Nursing Act, 1991*, the regulations made under those Acts, and the bylaws 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 shareholder of the Corporation execute and file with the College, within ten (10) days of becoming a shareholder of the Corporation, an Undertaking in a form approved by the College.
7. I will ensure that the College is notified of any changes to practice locations of the Corporation as soon as they occur.
8. I will ensure that the College is notified within ten (10) days if I cease to be a director of the Corporation.
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.
10. I acknowledge having been advised to obtain independent legal advice prior to signing this Undertaking.

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Director (please print)

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Date

# PART D

## TO BE EXECUTED BY EACH **SHAREHOLDER**

### Undertaking

Each Shareholder of the Health Profession Corporation is required to execute this Undertaking.

I, \_\_\_\_\_, a member of College of Nurses of Ontario  
Name of Shareholder

(“College”) and a shareholder of \_\_\_\_\_  
Name of Corporation (“Corporation”) UNDERTAKE TO  
THE COLLEGE AS FOLLOWS:

1. I accept professional responsibility for any act or omission of the Corporation that would be professional misconduct if such an act or omission had been committed or omitted by a member of the College.
2. I will ensure that the Professional Corporation does not do or omit to do anything that would be professional misconduct if done or omitted to be done by me.
3. I will ensure that the College is notified within ten (10) days if I cease to be a shareholder of the Corporation.
4. 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.
5. I acknowledge having been advised to obtain independent legal advice prior to signing this Undertaking.

\_\_\_\_\_  
Signature of Shareholder

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Shareholder (please print)

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Date