



The College of Naturopaths of Ontario

INITIAL APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

Date of application submission (DD/MM/YYYY)		
A. Corporation Information		
Corporate Name:		Corporate Number:
Practice Name (if applicable):		
Corporate Address:		
City:	Province:	Postal Code:
Telephone:		Email:
B. Applicant Declaration		
<p>I, _____, a member of the College of Naturopaths of Ontario and a director of the corporation, am applying on behalf of the above corporation for a certificate of authorization under the <i>Regulated Health Professions Act</i>, and declare:</p> <ol style="list-style-type: none">1) Membership: I am a member of the College of Naturopaths of Ontario and my certificate of registration is not currently suspended or revoked.2) Incorporation: The corporation is incorporated under the <i>Business Corporations Act of Ontario</i>.3) Corporation Status: There has been no change in the status of the corporation since the date the corporation profile report 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 corporation and his or her College registration number, business address, business telephone number, and e-mail as of the date of submission of this application (if a holding company is used, this includes all shareholders of the holding company) use additional pages if necessary		
Shareholder 1		
Member Name:		Registration Number:
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:		Email:
Shareholder 2		
Member Name:		Registration Number:
Primary Practice Address:		

City:	Province:	Postal Code:
Telephone:	Email:	
Shareholder 3		
Member Name:	Registration Number:	
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
Shareholder 4		
Member Name:	Registration Number:	
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
Shareholder 5		
Member Name:	Registration Number:	
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
B-5. Applicant Declaration - Directors and Officers		
<p>The names of all directors and officers of the corporation as of the date of submission of this application are: <i>(Note: all directors and officers must be shareholders of the corporation.)</i></p>		
Full Name	Director or Officer	If Officer, what title

B-6. Applicant Declaration - Practice Locations		
<p>As of the date of submission of this application, the 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.</p>		
Practice Location 2		
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
Practice Location 3		
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
Practice Location 4		
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
Practice Location 5		
Primary Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
B-7. Applicant Declaration - Professional Activities		
<p>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). List in full any ancillary activities permitted under the corporation's articles of incorporation.</p>		



The College of Naturopaths of Ontario

UNDERTAKING FOR PROFESSIONAL CORPORATIONS

(Each shareholder of the 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 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*.
- 3) I will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Naturopathy Act* and its regulations, and by-laws of the College.
- 4) 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.
- 5) 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.
- 6) 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.

Applicant's Signature

Date

(Print name)

College Registration #



The College of Naturopaths of Ontario

DECLARATION

I, _____, holding College registration number _____,

am a director of _____ and do hereby declare the following:

- i. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this declaration is signed,
- 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 the profession,
- iii. that there has been no change in the status of the corporation since the date of the corporation profile report enclosed within the application for a Certificate of Authorization that accompanies this declaration, and
- iv. 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.

and I make this declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____.

Signature of Declarant

Printed Name of Declarant