

ANNUAL RENEWAL APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

SECTION A – NAME AND ADDRESS OF CORPORATION

Date of submission of renewal	<input type="text"/>
Corporate Name	<input type="text"/>
Practice Name (if applicable)	<input type="text"/>
Corporate Address (Must match Corporation Profile Report)	<input type="text"/>
Phone #	<input type="text"/>
Fax #	<input type="text"/>
E-mail	<input type="text"/>

SECTION B – APPLICANT DECLARATION

I, , a Registrant of the College of Naturopaths of Ontario (the College) and a director of the corporation, am applying on behalf of the above corporation to renew a Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

- 1) **Registration:** I am a Registrant of the College, i.e., my certificate of registration has not been revoked and I have not resigned.
- 2) **Incorporation:** The corporation is incorporated under the *Business Corporations Act of Ontario*.
- 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 renewal).
- 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 renewal is (use additional pages if necessary):

Shareholder #1:

Registrant Full Name¹

College Registration Number

Business Address

Business Phone Number

Email

Shareholder #2:

Registrant Full Name²

College Registration Number

Business Address

Business Phone Number

Email

NOTE: If required, use additional pages to list more shareholders.

¹ As it is listed with the College in the Public Register

² As it is listed with the College in the Public Register

- 5) **Directors and Officers:** (Note: all directors and officers must be shareholders of the corporation.) The names of all of the directors and officers of the corporation as of the date of submission of this renewal are:

Registrant Full Name ³ (as above)	Check off if a Director	Check off if an Officer	Title of Office if an Officer
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

- 6) **Practice Location(s):** 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.

Practice Name & Address	Phone #

- 7) **Ancillary Activities:** As indicated in the accompanying 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. If there are no ancillary activities, please enter "N/A".

³ As it is listed with the College in the Public Register

- 8) **Registrants Practising:** Registrants of the College that will practise the profession through the corporation, including shareholders of the corporation, are:

Registrant Full Name ⁴	Registration #

- 9) **Supporting Documentation:** The application includes the following documents:

- Signed renewal application form.
- Fee.
- A declaration by a director of the corporation signed no more than 15 days before this renewal is submitted.
- A copy of a Corporation Profile Report issued by the Ministry of Government and Consumer Services or by a service provider which is under contract with the Ministry of Government and Consumer Services, that is dated not more than 30 days before this renewal is submitted.
- A copy of every Certificate of the corporation that has been endorsed under the *Business Corporations Act* as of the date this renewal is submitted, if applicable; or, check here if not applicable.

- 10) **Accuracy of Renewal Application:** I have personal knowledge of the declarations contained in this application and of the information I have added in completing this form, and I declare that the declarations and information are accurate and complete.

Applicant Signature

Applicant Printed Name

Registration #

Date

⁴ as it is listed with the College in the Public Register

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 renewal of a Certificate of Authorization that accompanies this declaration, and
- iv. that the information contained in the application for a renewal of 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)

(print name)

Submission of the Application

The renewal application for a certificate of authorization must be submitted to the College, along with the required supporting documentation and fee.

You may submit the documentation by:

Email: registration@collegeofnaturopaths.on.ca

Mail: College of Naturopaths of Ontario
150 John Street, 10th Floor
Toronto, ON M5V 3E3

Fax: 416-583-6011