

CONTINUATION

INVO
COLLEGE USE ONLY

Pursuant to Part 4 of the Health Professions Act, R.S.B.C. 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).

PART A

This application is for a:

PART B

Name of original corporation: _____

Current home jurisdiction of medical corporation: _____

Proposed name: _____ Corporate designation: _____

Proposed name of new corporation in BC: _____
hereinafter referred to as the "Corporation"

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

AUTHORIZATION AND CERTIFICATION OF REGISTRANT(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 holding company shareholder and any in-trust shareholder 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, the Articles of the Corporation and Articles of any holding company shareholder. If, following the issuance of a permit, there are any proposed changes to the documents and information provided by my solicitor to complete this application, I will either provide directly, or instruct my solicitor to provide written notice of the full details of the proposed changes, and will inform the College immediately thereafter with full details of the revised change(s) including the revised documents and information.

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: _____
Registrant 1 YYY-MM-DD

Signature: _____ CPSID: _____ Date: _____
Registrant 2 YYY-MM-DD

Signature: _____ CPSID: _____ Date: _____
Registrant 3 YYY-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 1 (if applicable): _____

Holding company 2 (if applicable): _____

Holding company 3 (if applicable): _____

Section 14.1 of the Act

Responsibility of registrants not affected by incorporation

14.1 (1) The liability of a registrant for the professional negligence is not affected by the fact that the registrant practices the designated health profession as an employee of a corporation.

(2) the relationship of a registrant to a corporation, whether as a shareholder, director, officer, agent, trustee, contractor or employee of the corporation, does not affect, modify or diminish the application to the registrant of this Act, the regulations and the bylaws.

(3) Nothing in this Act affects, modifies or limits any law that applies to the fiduciary, confidential or ethical relationships between a registrant and a person receiving the professional services of the registrant.

(4) The relationship between a corporation and a person receiving services provided by the corporation is subject to all applicable law relating to the fiduciary, confidential and ethical relationships that exist between a registrant and the registrant's client.

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.

Signature: _____ CPSID: _____ Date: _____
Registrant 1 YYYY-MM-DD

Signature: _____ CPSID: _____ Date: _____
Registrant 2 YYYY-MM-DD

Signature: _____ CPSID: _____ Date: _____
Registrant 3 YYYY-MM-DD



SUBMISSION

Before you submit the application, recheck the following information:

- registrant's legal name
- registrant's CPSID number
- registrant's current address
- necessary punctuation in the proposed corporation name, including:
 - period after first name initial(s) (e.g. "John" is "J."; "Chi-Hsin" is "C.", "C-H." or "C.-H.")
 - no space between initials (e.g. "S.C.")

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