

HPC APPLICATION INTAKE – Downtime Paper Form

Health Profession Corporation (HPC) Application (DT FORM)

PURPOSE: Capture all necessary information when the CRM is offline so staff can manually process and later re-enter data accurately.

- Full name(s):
- Licensee Number(s):
- Profession(s):
- Email(s):

Business Details

1. Business Name*
***Corporation Names must include “incorporated”, “limited”, or an abbreviation that clearly indicates that the business is a corporation.**
2. Incorporation Number
3. Business Address
4. Business Email
5. Business Phone Number
6. Designated Licensee
7. Has the College already approved this Business Name? Yes No

Declarations

1. I am a licensee in good standing of the College of Complementary Health Professionals of British Columbia. Yes No
2. This corporation is a company in good standing under the *Business Corporations Act* in British Columbia. Yes No
3. I have read, understand, and will remain at all times in compliance with the *Health Professions and Occupations Act*, the applicable regulations made under the *Health Professions and Occupations Act*, the *Business Corporations Act*, and Bylaws of the College Yes No
4. All directors of this corporation are eligible licensees under section 8.5 of the College Bylaws Yes No
5. All voting shares of this corporation are legally and beneficially owned or held by, or are vested in, an eligible licensee under section 8.5 of the College Bylaws or companies whose voting shares are legally and beneficially owned by an eligible licensee and non-voting shares are held by legally and beneficially owned by an eligible licensee or their family members Yes No

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6. None of the shareholders of the company will enter into a voting trust agreement, proxy or any other type of agreement that vests in another person who is not a licensee qualified to hold shares in the company the authority to exercise the voting rights attached to any or all of the shares Yes No
7. All non-voting shares of this corporation are legally and beneficially owned by or held by, or are vested in, an eligible licensee or their family members or held by a trustee meeting the requirements under the *Health Professions & Occupations Act (HPOA)* s. 59(2)(b) Yes No
8. All employees who will be providing health services through the corporation are, or are under the supervision of, eligible licensees Yes No
9. The corporation has, and will maintain professional liability insurance in the name of the corporation with a minimum coverage of \$5,000,000 per claim or per occurrence unless section 8.14 of the College Bylaws applies Yes No
10. If the corporation ceases to maintain professional liability insurance as required under Bylaw 8.13 the corporation will immediately cease providing Health Services and will notify the Registrar within 7 days. Yes No
11. The Designated Licensee listed above, will provide written notification to the Registrar as soon as practicable of any change in information which was previously provided to the College regarding the Health Profession Corporation including, without limitation, changes to ownership of Shares, shareholders, directors, Eligible Licensees, Business Contact Information and/or registered and records office. Yes No
12. If the corporation ceases to meet the eligibility requirements under the *Health Professions and Occupations Act* or the *College Bylaws* the Designated Licensee will notify the Registrar in writing immediately. Yes No
13. The corporation will not engage or invest in any business activity that is contrary to the proper and ethical practice of a Designated Health Profession, or which contravenes any provision of the *Health Professions and Occupations Act* or the *College Bylaws*. Yes No
14. If the corporation wishes to change its name, it will obtain written approval from the College before doing so. Yes No
15. I understand that the corporation's Health Profession Corporation permit must be renewed each year before the March 15 deadline Yes No
16. The corporation will clearly state that any Health Services offered are being provided by a Health Profession Corporation in all marketing and written communications; and will comply with any Practice Standards or Ethics Standards relating to

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advertising, marketing, or promotion as if it were a Licensee, to the extent those requirements may be applicable to a Corporation. Yes No

17. I understand that the College must approve the name of the Health Profession Corporation Yes No

18. I do not know of any reason, condition, or circumstance why I should not be granted a Health Profession Corporation permit. Yes No

19. I confirm that, to the best of my knowledge, the information provided in this application, including my responses to the declarations, is true, complete, and accurate. The declarations have the same force and effect as if made under oath.
 Yes No

Non-Voting Shareholders Who are Not Licensees (attach extra page if more than 3)

Name _____

Relation to voting shareholder licensee _____

Name _____

Relation to voting shareholder licensee _____

Name _____

Relation to voting shareholder licensee _____

Required Documents

- Certificate of Solicitor signed & stamped/sealed by a BC Lawyer
- Acknowledgement of Shareholder for each voting shareholder
- Certified copy of the Certificate of Incorporation from BC Registries , filed transition application, certificate of amalgamation, or certificate of continuation, as applicable, any certificate of change of name, and any certificate of restoration issued to or filed by the Corporation
- Certificate of Good Standing from BC Registries for the corporation
- Central Securities Register from BC Registries
- Register of Directors and Officers from BC Registries
- Articles of Incorporation from BC Registries
- Professional Liability Insurance with Corporation as Named Insured

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Payment of fee

Staff Notes/Flags: (missing item, issue with articles, PLI too low/missing corporation, approved business name too similar to already approved name, for Permit Committee etc.)

Applicant Signature _____ Date _____

Office use only Staff name: Date / Time received: