College of Opticians of Ontario

Applying for a Certificate of Authorization for a Professional Corporation to Practise Opticianry

INSTRUCTION SHEET

Please follow these instructions carefully. Incomplete applications will be returned.

Step 1: Complete the Application Form (**Form A**)

Step 2: Have each shareholder of the corporation complete an Undertaking by Shareholders (**Form B**)

Step 3: Have each director of the corporation complete an Undertaking by Directors (**Form C**)

Step 4: Complete the Director Declaration (**Form D**)

Step 6: Complete the Credit Card Authorization Form. The application fee for a certificate of authorization for a health profession corporation is $750.00 plus HST ($847.50).

Step 7: Enclose a Corporation Profile Report, (uncertified version will suffice), issued by the Ministry of Government and Consumer Services (or an authorized service provider), indicating that the corporation is active. The report must be dated not more than 30 days before the application is received by the College.

Step 8: Enclose other required documents:

- Copy of the Certificate of Incorporation
- Other certificates (if applicable): If the corporation has changed its name, amended its articles, or made any other changes requiring an endorsed certificate under the *Business Corporation Act*, a copy of this certificate must be submitted.

Step 8: Submit the completed application package to the College by mail or email to:

Registration Services
College of Opticians of Ontario
90 Adelaide Street West, Suite 300
Toronto, Ontario M5H 3V9
registration@collegeofopticians.ca

The Certificate of Authorization will be mailed to the corporation's registered office address, unless the corporation instructs otherwise.

If you have any questions regarding the application package, please contact Registration Services by:

College of Opticians of Ontario

Email: registration@collegeofopticians.ca
Telephone: 416.368.3616 ext. 203 or toll-free in Ontario: 1-(800) 990-9793

In order for the professional corporation to remain current, the Certificate of Authorization must be renewed annually on the anniversary of the certificate's date of issuance. The renewal application form can be obtained on the College website or by contacting the College at registration@collegeofopticians.ca. The annual renewal fee is $380 plus HST ($429.40).

Important!

The College of Opticians of Ontario is unable to provide any accounting or legal advice on the question of whether opticians should incorporate. For advice in this regard, the College recommends opticians consult their lawyer or accountant.

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COMPLETING THE APPLICATION FORM

Section A: Corporation Information

Name of Corporation: The name of the corporation must meet the requirements set out in section 3.2 of the *Business Corporations Act* and the regulation as follows:

- the corporation shall not have a number name;
- the corporate name must include the words "Professional Corporation" or "Société professionnelle";
- the corporate name must include the surname of one or more shareholders of the corporation as set out in the College register, and may also include the shareholder's given name, one or more of the shareholder's initials or a combination of both;
- the corporate name must indicate opticianry as the health profession practised by the registrants of the College through the corporation; and,
- the corporate name shall not include any information other than that permitted or required by the above.

Corporation Number: Number Assigned by the Ministry of Government and Consumer Services (see Certificate of Status)

Business Name(s): All business names registered under the Ontario Business Names Act or otherwise, under which the corporation operates, and which are different from the corporation name entered above. For registered business names, provide corresponding business number assigned by the Ministry of Government and Consumer Services.

Business Address: This must be the actual business address of the corporation, i.e., the premises where the corporation carries on the practice of opticianry.

Section B: Shareholders: The name of each shareholder of the corporation and their College registration number, business address, business telephone number, as of the date of submission of this application (use additional pages if necessary). *Each shareholder of the corporation must hold a current certificate of registration issued by the* College.

Section C: Directors and Officers: The names of all directors and officers of the corporation as of the date of submission of this application. *All directors and officers must be shareholders of the corporation.*

Section D: Professional Activities: List in full any related or ancillary activities permitted under the corporation's articles of incorporation. If there are no ancillary activities, please enter "N/A".

Section E: Members Practising: List registrants of the College that will practise on behalf of the corporation, including shareholders and employees of the corporation.

Section F: Signature of Director: This section must be completed by a director authorized to sign on behalf of the corporation.

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COMPLETING THE UNDERTAKING BY SHAREHOLDERS

Each shareholder of the corporation (whether direct or indirect) must sign and date the Undertaking, which is to be submitted with the application for a certificate of authorization. Note that each shareholder must be listed in the application and must hold a current certificate of registration issued by the College.

COMPLETING THE UNDERTAKING BY DIRECTORS

Each director of the corporation must sign and date the Undertaking, which is to be submitted with the application for a certificate of authorization.

COMPLETING THE DIRECTOR DECLARATION

The declaration must be completed by a director of the corporation and signed not more than 15 days before the application is received by the College.

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FORM A - Application for a Certificate of Authorization for a Professional Corporation

Please PRINT all information clearly if you are not filling out this form electronically.

Date of application submission (DD/MM/YYYY)		
A. Corporation Information		
Name of Corporation (*as it appears on the Corporation Profile Report*):		
Corporation Number (*issued by Ministry*):		
Registered Business Name(s) (*if applicable*):		
Registered Corporate Address (*must match Corporation Profile Report*):		
City:	Province:	Postal Code:
Phone Number:	Fax Number:	Email:
Registered Office Address (*if different from business address*):		
City:	Province:	Postal Code:
Phone Number:	Fax Number:	Email:

B. Shareholders Include details of each shareholder (attach additional pages if necessary)		
Shareholder 1 (full name):		Registration Number:
Primary Practice Address:		
City:	Province:	Postal Code:
Phone Number:	Email:	
Shareholder 2 (full name):		Registration Number:
Primary Practice Address:		
City:	Province:	Postal Code:
Phone Number:	Email:	
Shareholder 3 (full name):		Registration Number:
Primary Practice Address:		

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City:	Province:	Postal Code:
Phone Number:	Email:	
Shareholder 4 (full name):	Registration Number:	
Primary Practice Address:		
City:	Province:	Postal Code:
Phone Number:	Email:	

C. Directors and Officers			
Full Name	Check if a Director	Check if an Officer	Title of Officer

D. Professional Activities
As indicated in the accompanying declaration, the corporation cannot carry on, and cannot plan to carry on, any business that is not the practice of the profession governed by the College, i.e., opticianry or activities related to the practice of the profession [Regulation 39/02 1(1)1]. Please provide a brief description of any related or ancillary activities that the corporation intends to carry out (if there are no ancillary activities, please enter "N/A":

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E. Practice Locations		
As of the date of submission of this application, the corporation practices in the following location(s), if different from the corporate or registered office address listed in section A (attach additional pages if necessary)		
Address:		
City:	Province:	Postal Code:
Phone Number:	Fax Number:	Email:
Address:		
City:	Province:	Postal Code:
Phone Number:	Fax Number:	Email:
Address:		
City:	Province:	Postal Code:
Phone Number:	Fax Number:	Email:

F. Members Practising	
Registrants of the College of Opticians of Ontario that will practise on behalf of the corporation, including shareholders and employees of the corporation, are:	
Full Name	Registration No.

G. Signature of Director
Name of director authorized to sign on behalf of the corporation: I certify that the information provided in this application from is accurate and complete. Signature of Director: Date:

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H. Application Checklist

The application package includes the following documents:

- Form A - Signed application form
- Form B - Undertakings signed by all shareholders
- Form C – Undertaking signed by all directors
- Form D - Declaration by a director of the corporation signed no more than 15 days before this application is submitted
- Application Fee
- 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 application is submitted
- A copy of Certificate of Incorporation (including the articles of incorporation)
- A copy of every Certificate of the corporation that has been endorsed under the *Business Corporations Act* as of the date this application is submitted (if applicable)

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FORM B - Undertaking by Shareholders

(each shareholder of the corporation who is not a director must complete this undertaking)

I, _____, holding College registration number _____ am a shareholder of

(the "Corporation") and I undertake to the College of Opticians of Ontario (the "College") as follows:

1. I accept professional responsibility for any act or omission of the Corporation that would be professional misconduct if such act or omission had been committed 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 College is notified promptly if I cease to be a shareholder of the Corporation.

4. I acknowledge that a breach of this Undertaking may result in referral of 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.

_____ _____

Signature of Witness Signature of Shareholder

_____ _____

Name of Witness (please print) Name of Shareholder (please print)

_____

Date

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FORM C - Undertaking by Directors

(each director of the corporation must complete this undertaking)

I, _____, holding College registration number _____ am a director of

(the "Corporation") and I undertake to the College of Opticians of Ontario (the "College") as follows:

1. I accept professional responsibility for any act or omission of the Corporation that would be professional misconduct if done or omitted to be done 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 such act or omission had been committed by a member of the College.

3. I will ensure that the Corporation does not engage in the practise of opticianry or any activity related or ancillary to the practice of opticianry 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 registered business name or a name permitted by Regulation.

5. I will ensure that the Corporation complies with the *Business Corporations Act,* the *Regulated Health Professions Act, 1991,* the *Opticianry Act, 1991*, the regulations made under those Acts, and the by-laws 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 promptly file with the College an Undertaking in a form approved by the College.

7. I will ensure that the College is notified of any changes to the name of the Corporation, the articles of incorporation of the Corporation, or the practice locations of the Corporation as soon as they occur.

8. I acknowledge that a breach of this Undertaking may result in referral of 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.

_____ _____

Signature of Witness Signature of Director

_____ _____

Name of Witness (please print) Name of Director (please print)

_____

Date

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Form D: Director Declaration

This declaration must be completed by a director of the corporation (hereinafter defined) not more than 15 days before the application is submitted to the College of Opticians of Ontario (the "College").

I,_____, a director of _____, (the "Corporation") do

hereby certify that the following statements are true:

1. I am a member of the College 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 Ontario *Business Corporations Act* as of the date this declaration is signed.
4. The Corporation does not carry on, and does not plan to carry on, any business that is not the practice of opticianry or activities related to or ancillary to the practice of opticianry.
5. There has been no change in the status of the Corporation since the date of the corporation profile report submitted to the College as part of the application for a certificate of authorization.
6. The information contained in the application to the College for a certificate of authorization is complete and accurate as of the day this declaration is signed.

_____
Signature of Director

_____
Date: