

Applying for Renewal of 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 Renewal Form

Step 2: Complete the Director Declaration

Step 3: Complete the Credit Card Authorization form. The renewal fee for a certificate of authorization for a health profession corporation is \$380 plus HST (\$429.40).

Step 4: Enclose a Corporation Profile Report issued by the Ministry of Government and Consumer Services, 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 5: Enclose other required documents (if applicable):

- a copy of every certificate of the corporation that has been endorsed under the *Business Corporations Act* since the corporation's most recent application for a Certificate of Authorization or for renewal of its Certificate of Authorization
- a copy of the amended Articles of Incorporation if changes have been made to the articles.

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:

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.

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.

Application for Renewal of a Certificate of Authorization for an Opticianry 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 <i>(as it appears on the Corporation Profile Report)</i> : | | |
| Corporation Number <i>(issued by Ministry)</i> : | | |
| Registered Business Name(s) <i>(if applicable)</i> : | | |
| Registered Corporate Address <i>(must match Corporation Profile Report)</i> : | | |
| City: | Province: | Postal Code: |
| Phone Number: | Fax Number: | Email: |
| Registered Office Address <i>(if different from business address)</i> : | | |
| 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: | | |
| City: | Province: | Postal Code: |
| Phone Number: | Email: | |
| Shareholder 4 (full name): | Registration Number: | |
| Primary Practice Address: | | |
| City: | Province: | Postal Code: |
| Phone Number: | Email: | |

[illegible]

| 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. 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:

G. Application Checklist

The renewal package includes the following documents:

- Signed application form
- Renewal Fee
- A declaration by a director of the corporation signed no more than 15 days before this application 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 application is submitted
- If applicable, a copy of every certificate of the corporation that has been endorsed under the *Business Corporations Act* since the corporation's most recent application for a Certificate of Authorization or for renewal of its Certificate of Authorization
- If changes have been made to the Articles of Incorporation, a copy of the amended Articles

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:

Credit Card Authorization Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

Please complete all sections below.

| A. Personal Information | | | |
|-------------------------|--------------|------------|----------------------|
| First Name: | Middle Name: | Last Name: | Registration Number: |
| | | | |

| B. Payment Information | |
|----------------------------------|-------|
| Card Holder Name: | |
| Phone Number: | |
| Authorized Amount to be Charged: | |
| Service Requested: | |
| Cardholder Signature: | Date: |
| | |

Submit this form by email to registration@collegeofopticians.ca or by fax to 416-368-2713. College staff will call you at the number on the form to process the payment.