

FORM

Application for Permit Renewal

Privacy and Security

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the "College") under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

To be completed by the President of the Corporation.

NOTE: The College may request additional information in support of this form.

CORPORATION INFORMATION		Permit #: HPC – _ _ _ _ _	
Name of Corporation*:		Incorporation Number: BC _ _ _ _ _	
Primary Business Address**:			
City:		Prov/Terr:	Postal Code:
Telephone:	Fax:	Email:	
Web Address:			

CORPORATION NAME APPROVAL

* *NOTE: To makes any changes, please complete an Application for Corporate Name Change form.*

**** BUSINESS ADDRESSES / PLACES OF PRACTICE**

Submit additional addresses where the Corporation carries on the business of providing the services of naturopathic medicine by attaching to this form as many copies of the Places of Practice Information Form (available in the Registrant's Online Self-Service) as required.

APPLICANT INFORMATION	
Given name(s):	CNPBC Registration Number: _ 0 _ 0 _ _ _
Surname:	
Class of Registration: <input type="checkbox"/> Full (Practising) <input type="checkbox"/> Temporary <input type="checkbox"/> Non-Practising <input type="checkbox"/> Former	

FOR COLLEGE USE ONLY			
YYYY/MM/DD	INITIALS	YYYY/MM/DD	INITIALS
RECEIVED		PROCESSED	

College of Naturopathic Physicians of British Columbia

VOTING SHARES

- All voting shares of the Corporation are legally and beneficially owned by myself and/or other registrants in good standing of the College of Naturopathic Physicians of British Columbia.
- All voting shareholders have submitted a *Schedule B – Acknowledgement of Shareholder*.

Please list the names, addresses, and registration numbers of all voting shareholders of the Corporation. (Attach additional pages if required.)

NAME	ADDRESS	CNPBC LICENCE / REGISTRATION NUMBER

NON-VOTING SHARES

- There are no non-voting shares in the Corporation.

Or

All non-voting shares of the Corporation are legally and beneficially owned by persons:

- Who are registrants of the College of Naturopathic Physicians of British Columbia;
And/Or
- Who are the spouse, children, parents, siblings or other relatives of a shareholding registrant of the College of Naturopathic Physicians of British Columbia;
And/Or
- Who reside with a shareholding registrant of the College of Naturopathic Physicians of British Columbia.

Please list the names of all non-voting shareholders, where they reside, and their relationship to you or another shareholding registrant. (Attach additional pages if required.)

NAME	ADDRESS	RELATIONSHIP

PAYMENT OF FEES

- I will pay the \$100 permit renewal fee to the College of Naturopathic Physicians of British Columbia. (NOTE: You will be notified when the corresponding invoice has been posted in the Registrant Online Self-Service (ROSS) system.)

College of Naturopathic Physicians of British Columbia

APPLICANT DECLARATIONS (required):

I, _____ *[name of applicant]*

hereby apply for renewal, for the period of **January 1, 2019** to **December 31, 2019**, of the Health Profession Corporation permit issued by the College to

_____ *[name of Corporation]*

and, as of the date of this application, I declare that:

I have read, understand, and will remain at all times in compliance with the <i>Health Professions Act</i> , the <i>Business Corporations Act</i> , and the regulations and bylaws of the College	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Corporation continues to in all respects comply with the <i>Health Professions Act</i> of British Columbia and the regulations and bylaws of the College.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Corporation is a company within the meaning of the <i>Business Corporations Act</i> of British Columbia and is in good standing under the Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Corporation has and at all times maintains professional liability insurance in an amount not less than \$1,000,000 per occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Corporation will disclose on all letterhead and business cards, and in all other advertisements, that the services of naturopathic medicine are being provided by a Health Profession Corporation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All persons performing the services on behalf of the Corporation are registrants of the College or, if permitted by the Bylaws, an employee of the Corporation under the supervision of a registrant of the College.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All registrants performing services on behalf of the Corporation are registered in good standing with the College of Naturopathic Physicians of British Columbia.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All shareholders of the Corporation are residents of British Columbia.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All voting shares of the Corporation are legally and beneficially owned by myself and/or other registrants in good standing of the College.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All directors of the Corporation are registrants of the College.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The articles of the Corporation provide for the disposition of the shares of a shareholder who dies or ceases to be a registrant or ceases to be qualified to practice the profession.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I (or my designate) will promptly advise the College of any changes to the information provided in this Application for Permit Renewal, including any supporting documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information contained in this form is true, complete, and accurate to the best of my knowledge.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature

Date Applied (yyyy/mm/dd)

NEXT STEPS & INFORMATION FOR SUBMITTING THIS FORM

To submit this form, sign and return it to the College of Naturopathic Physicians of British Columbia.

By mail: 840-605 Robson Street, Vancouver BC V6B 5J3

By fax: (604) 688-8476

By email: admin@cnpbc.bc.ca

Upon receipt of your application, you will be notified when an invoice for the above-noted fees has been posted in the Registrant Online Self-Service (ROSS) system and is available for payment. Notify the College once you have paid the invoice by email: admin@cnpbc.bc.ca. Written confirmation will be provided thereafter.

For further information regarding this process, or regarding the College's requirements for health profession corporations, please feel welcome to contact the College and staff will be pleased to assist you.

Phone: (604) 688-8236