



PDF Complete
*Your complimentary use period has ended.
Thank you for using PDF Complete.*

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

**APPLICATION FOR RENEWAL OF LICENSURE
as a
PROFESSIONAL MEDICAL CORPORATION**

Instructions for completion:

1. It is recommended that any intended changes that may affect the Corporation's eligibility for registration and licensure as a professional medical corporation be submitted for pre-approval by the College of Physicians and Surgeons of Newfoundland and Labrador.
2. Any changes from the last filed application for corporate license, application for renewal of corporate license or notice of change must be disclosed.
3. Where documents submitted with the last filed application for corporate license, application for renewal of corporate license or notice of change have been superseded, replaced or amended, you must include a true and complete copy of the new or amended document with this Application.
4. Complete the attached Application for Renewal of Licensure, including the submission of copies of any required documents, and have the Application signed and sworn by each medical practitioner who is a director or who holds shares in the corporation.
5. The annual renewal fee is \$125.00. The fee for late filing of the application for annual renewal of license is \$175.00. All fees are subject to change from time to time as determined by the College of Physicians and Surgeons of Newfoundland and Labrador .
6. Please type or print legibly all entries and include all required supporting documentation with the Application. Applications with incomplete or illegible entries, or without the renewal fee or all required supporting documentation, will be rejected.



Your complimentary use period has ended. Thank you for using PDF Complete.

Click Here to upgrade to Unlimited Pages and Expanded Features

APPLICATION FOR RENEWAL OF LICENSURE as a PROFESSIONAL MEDICAL CORPORATION (the "Corporation")

1. Corporation Name: _____

Corporation Number: _____

(insert Corporation Name and Corporation Number as appears on the Certificate of Incorporation) hereby applies for renewal of its license to provide the services of one or more medical practitioners pursuant to the Medical Act, 2005 and the Medical Board Regulations.

2. The mailing address and contact information for the Corporation and the street address(es) of the medical offices (if different from the mailing address) of the Corporation is/are as follows:

Mailing Address for Corporation: _____

Tel. # _____ Fax # _____

Primary Contact Person for Corporation: _____

Street Address(es) for medical office(s): _____

Tel. # _____ Fax # _____

3. A current certificate issued by the Registrar of Companies for the Province of Newfoundland and Labrador, certifying that the Corporation was incorporated under the Corporations Act (Newfoundland and Labrador) and is in good standing, is submitted in support of this Application.

4. Has there been or will there be any change coming into effect in or for the previous license year (January 16, 2009 to January 15, 2010 or up to the date of completion of this application) in relation to any of the following: (Circle “Yes” or “No”)
- (a) The Articles of Incorporation of the Corporation: **Yes No**
Effective Date of Change: _____
- (b) Any trust agreement or any other agreement, indenture or instrument in relation to the Corporation previously disclosed to the College: **Yes No**
Effective Date of Change: _____
- (c) The persons who beneficially own and in whose name are registered the voting shares of the Corporation (including whether any such person is deceased or no longer holds a current license with the College), or the number and class of voting shares held by each such person: **Yes No**
Effective Date of Change: _____
- (d) The persons in whose name non-voting shares of the Corporation are registered, the number and class of non-voting shares held by each such person, or the beneficial owner of such shares if different from the registered owner: **Yes No**
Effective Date of Change: _____
- (e) The directors of the Corporation: **Yes No**
Effective Date of Change: _____
- (f) The medical practitioners whose services will be provided by the Corporation:
Yes No
Effective Date of Change: _____
- (g) The residential address or mailing address for any person referred to in 4(c), (d), (e) or (f) above:
Yes No
Effective Date of Change: _____

- (h) The mailing address, telephone number or facsimile number for the Corporation:
Yes No
Effective Date of Change: _____
- (i) The address(es) of the medical offices of the Corporation: **Yes No**
Effective Date of Change: _____
- (j) The primary contact person for the Corporation: **Yes No**
Effective Date of Change: _____

NOTE (1): Full particulars of any change(s) noted above must be submitted with this Application, including a Registry of Companies certified copy of any Articles of Amendment, Notice of Directors or Notice of Registered Office filed with the Registry of Companies in relation to the above change(s) and true and complete copies of any replacement of or amendment to any documents previously submitted to the College.

NOTE (2): Where the above-disclosed change should have been the subject of a Notice of Change (see section 6 below under “Undertakings”) the College may require the applicant to file the Notice of Change, with late fee where applicable, prior to processing the application for renewal of license.

UNDERTAKINGS

5. The Corporation undertakes that once registered with the College of Physicians and Surgeons of Newfoundland and Labrador it will comply with the *Medical Act, 2005*, the *Medical Board Regulations*, and with all of the rules and requirements of the College of Physicians and Surgeons of Newfoundland and Labrador.
6. The Corporation undertakes to give notice of any change in the information provided in or with this Application within fifteen (15) days of the change.

AUTHORIZATION

7. The Corporation hereby authorizes the College of Physicians and Surgeons of Newfoundland and Labrador to make such inquiries about it as the College of Physicians and Surgeons of Newfoundland and Labrador considers appropriate in connection with this Application.
8. The Corporation further authorizes the College of Physicians and Surgeons of Newfoundland and Labrador to revoke any license issued to it if it subsequently appears that the Corporation

PMC FORM 3



PDF Complete

Your complimentary use period has ended.
Thank you for using PDF Complete.

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

has, by omission or commission, given false, misleading or ambiguous information in or with or in relation to this Application, or any previous Application or Notice of Change.

9. The Corporation further authorizes the College of Physicians and Surgeons of Newfoundland and Labrador to disclose information about it to other licensing authorities, to federations of licensing authorities and to hospitals and other institutions in respect of which the Corporation may provide the services of one or more medical practitioners.

CERTIFICATION

The following certification must be signed and sworn to by each medical practitioner who is a director or shareholder of the Corporation.

I/We certify that:

1. The information provided in this Application and the copies of documents provided with this Application are true and complete.
2. Each person signing this Application is familiar with the provisions of the *Medical Act, 2005* relating to professional incorporation and the *Medical Board Regulations* relating to professional incorporation.
3. Each person signing this Application undertakes that he/she will notify the College of Physicians and Surgeons of Newfoundland and Labrador if she/he becomes aware that the Corporation does not comply with the provisions of the *Medical Act, 2005* or the *Medical Board Regulations* relating to professional incorporation, or if it subsequently appears that the Corporation has, by omission or commission, given false, misleading, or ambiguous information in or with or in relation to this Application.

SWORN TO at _____, in the Province of _____, this _____ day of _____, A.D., 2010, before me:

A Barrister, Notary Public
or Commissioner for Oaths

Signature
Print Name: _____
License Number: _____



PDF Complete

Your complimentary use period has ended.
Thank you for using PDF Complete.

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

SWORN TO at _____, in the
Province of _____, this _____
day of _____, A.D., 2010,
before me:

A Barrister, Notary Public
or Commissioner for Oaths

Signature
Print Name: _____
License Number: _____

SWORN TO at _____, in the
Province of _____, this _____
day of _____, A.D., 2010,
before me:

A Barrister, Notary Public
or Commissioner for Oaths

Signature
Print Name: _____
License Number: _____

SWORN TO at _____, in the
Province of _____, this _____
day of _____, A.D., 2010,
before me:

A Barrister, Notary Public
or Commissioner for Oaths

Signature
Print Name: _____
License Number: _____



PDF
Complete

*Your complimentary
use period has ended.
Thank you for using
PDF Complete.*

[Click Here to upgrade to
Unlimited Pages and Expanded Features](#)

[Note to Applicants: Add as many signature lines as necessary]



*Your complimentary
use period has ended.
Thank you for using
PDF Complete.*

[Click Here to upgrade to
Unlimited Pages and Expanded Features](#)

**ars to Application for Renewal
(per section 4, Note (1) of the Application)**