



## Application for Licence - Professional Medical Corporation

### Instructions:

1. Following the filing with and approval by the Registry of Companies of the Articles of Incorporation and any Articles of Amendment,
  - (a) Complete the attached Application for Licensure required for registration and licensing with the College.
  - (b) Have the Application for Licensure signed and sworn by each medical practitioner who is a director or who holds voting shares in the corporation.
  - (c) Submit a Registrar-certified copy of the Articles of Incorporation and any Articles of Amendments, a Certificate of Good Standing from the Registry of Companies, and the other documents required by the Application for Licensure.
2. At the time of initial registration and licensure, the corporation must pay the current, appropriate fee. All fees are subject to change from time to time as determined by the College.
3. Please type or print legibly all entries. Applications with illegible entries may be rejected.

# Application for Licence – Professional Medical Corporation

1. Corporation Name: \_\_\_\_\_

Corporation Number: \_\_\_\_\_

(Corporation Name and Corporation Number as appears on the Certificate of Incorporation) hereby applies for registration and a license to provide the services of one or more medical practitioners pursuant to the *Medical Act, 2011* and the *Medical Regulations*.

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax \_\_\_\_\_

Email: \_\_\_\_\_

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3. The following documentation is submitted in support of this application:
- (a) copy of the Corporation's Articles of Incorporation, Notice of Directors, Notice of Registered Office and any Articles of Amendment, certified by the Registrar of Companies for the Province of Newfoundland and Labrador; and
  - (b) 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* of Newfoundland and Labrador and is in good standing.

4. Are there any terms, conditions or restrictions applicable to any of the shares or to holders of shares of the Corporation, other than those set out in the Articles of Incorporation, the *Corporations Act* of Newfoundland and Labrador or the *Medical Act*, 2011 and the *Medical Regulations*? (**Circle “yes” or “no”**)

**Yes**

**No**

If “yes”, provide with this application a true and complete copy of the agreements setting out those terms, conditions or restrictions.

5. Is there any agreement restricting the powers of the directors to manage the business and affairs of the Corporation? (**Circle “yes” or “no”**)

**Yes**

**No**

If “yes”, provide with this application a true and complete copy of the agreement(s).

6. Is there any agreement to which the Corporation or any of its shareholders is a party by which some person other than those disclosed in sections 7 and 8 of this Application have obtained an interest or could obtain an interest in any shares of the Corporation? (**Circle “yes” or “no”**)

**Yes**

**No**

If “yes”, provide with this Application a true and complete copy of the agreement(s).

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### VOTING SHARES OF THE CORPORATION

7. The names and license numbers of each of the medical practitioners who beneficially own and in whose name is registered all of the voting shares of the Corporation, the number and class of voting shares held by each such person, and the residential and mailing addresses of each such person, are as follows:

Name and License Number	# of Shares	Class of Shares	Residential Address	Mailing Address (if different from residential address)

(Please attach a schedule for particulars of any additional voting shareholders)

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### NON-VOTING SHARES OF THE CORPORATION

8. The names of all persons in whose name the non-voting shares of the Corporation are registered, the number and class of non-voting shares held by each such person, the beneficial owners of such shares if different from the registered owners, and the residential and mailing addresses of such persons, are as follows:

Name of the Registered Owner	# of Shares	Class of Shares	Residential Address of Registered Owner	Mailing address of Registered Owner (if different from residential address)	Beneficial Owner (if different from Registered Owner)	Residential Address of Beneficial Owner

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(Please attach a schedule for particulars of any additional non-voting shareholders)

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### DIRECTORS

9. The name and license number of each director of the Corporation, the corporate office held by each director (if any), and the residential and mailing addresses of each director, are as follows:

Name and License Number	Office Held (if any)	Residential Address	Mailing Address (if different from residential address)

(Please attach a schedule for particulars of any additional directors)

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### MEDICAL PRACTITIONER SERVICES

10. The names and license numbers of all medical practitioners whose services are to be provided by the Corporation, and their residential and mailing address, are as follows:

Name and License Number	Residential Address	Mailing Address (if different from Residential Address)

(Please attach a schedule for particulars of any additional medical practitioners)



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### **UNDERTAKINGS**

11. The Corporation undertakes that once registered with the College it will comply with the *Medical Act, 2011* and the *Medical Regulations*, and with all of the rules and requirements of the College.
12. 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**

13. The Corporation hereby authorizes the College to make such inquiries about it as the College considers appropriate in connection with this application.
14. The Corporation further authorizes the College to revoke any license issued to it 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.
15. The Corporation further authorizes the College 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.

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## CERTIFICATION

The following certification must be sworn by each medical practitioner who is a director or voting 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, 2011* relating to professional incorporation and the *Medical Regulations* relating to professional incorporation.
3. Each person signing this Application undertakes that he/she will notify the College if she/he becomes aware that the Corporation does not comply with the provisions of the *Medical Act 2011* or *Medical 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., 20\_\_\_\_,  
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., 20\_\_\_\_,  
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\_\_\_\_\_  
A Barrister, Notary Public  
or Commissioner for Oaths

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

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