



PMC – Application Form

INSTRUCTIONS FOR COMPLETION:

1. The College recommends that all documents necessary to be filed with the Registry of Companies for the Province of Newfoundland and Labrador and the College for Professional Medical Corporations be prepared or reviewed by an advisor experienced and familiar with professional corporations.
2. Following the filing with and approval by the Registry of Companies for the Province of Newfoundland and Labrador of the Articles of Incorporation and any Articles of Amendment:
 - a. complete the attached application for licensure required for registration and licensing of a Professional Medical Corporation 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; and
 - c. submit certified copies of the Articles of Incorporation and any Articles of Amendment, Certificate of Incorporation, Notice of Registered Office, Notice of Directors and Certificate of Good Standing from the Registry of Companies, as well as any other document required for licensing.
3. 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. College fees are accepted by Credit Card; Visa or MasterCard only.



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4. Corporation Name:

(as it appears on the Certificate of Incorporation)

5. Corporation Number:

(as it appears on the Certificate of Incorporation)

hereby applies for registration and a licence to provide the services of one or more medical practitioners pursuant to the *Medical Act, 2011* and *Medical Regulations*.

6. Preferred Mailing Address:

Preferred Telephone:

Preferred Email:

Primary Contact:

7. Registered Office Address

(as it appears on the Notice of Registered Office)

8. Medical Office Address



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9. The following documentation is submitted in support of this application:
- copy of the Corporations Articles of Incorporation, Notice of Directors, Notice of Registered Office and any Article of Amendment, certified by the Registrar of Companies for the Province of Newfoundland and Labrador;
 - current certificate issued by the Registrar of Companies for the Province of Newfoundland and Labrador certifying the corporation was incorporated under the *Corporations Act* of Newfoundland and Labrador and is in good standing.
10. 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*?

Yes No

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

11. Is there any agreement restricting the powers of the directors to manage the business and affairs of the corporation?

Yes No

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

12. 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 13 and 14 of this application have obtained an interest or could obtain an interest in any shares of the corporation?

Yes No

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



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13. The persons who beneficially own voting shares of the corporation who are qualified medical practitioners under the *Medical Act, 2011* are as follows:

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

14. The persons who beneficially own non-voting shares of the corporation, or for whom any shares of the corporation are held in trust, and the trustee, if any are as follows:

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



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15. The directors of the corporation are as follows:

Name / Licence Number	Office Held (if any)	Residential Address	Mailing Address (if different from residential address)

16. The medical practitioners whose services are to be provided by the corporation, are as follows:

Name / Licence Number	Residential Address	Mailing Address (if different from residential address)



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17. UNDERTAKINGS

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

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.

18. AUTHORIZATIONS

The corporation hereby authorizes the College to make such inquiries about it as the College considers appropriate in connection with this application.

The corporation further authorizes the College to revoke any licence 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.

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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19. 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:

- The information provided in this application and the copies of documents provided with this application are true and complete.
- Each person signing this application is familiar with the provisions of the *Medical Act, 2011* and the *Medical Regulations* relating to professional incorporation.
- Each person signing this application undertakes that he/she will notify the College if he/she becomes aware that the corporation does not comply with the provisions of the *Medical Act, 2011* or the *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____, before me:

 A Barrister, Notary Public
 or Commissioner for Oaths

 Signature

 Print Name

 License Number