



**Royal College of
Dental Surgeons of Ontario**

Ensuring Continued Trust

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**PART A
Application for a Certificate
of Authorization for a
Health Profession Corporation**

1. NAME OF HEALTH PROFESSION CORPORATION

ONTARIO CORPORATION NO. ISSUED BY MINISTRY

Note: The name of the Corporation must comply with the requirements of s.1 of Ontario Regulation 39/02 of the *Regulated Health Professions Act, 1991 (Ontario)*.

2. BUSINESS ADDRESS OF HEALTH PROFESSION CORPORATION (if using home address this information is available to the public and will be published.)

STREET:		SUITE:
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL (optional):

3. NAME(S) OF VOTING SHAREHOLDER(S) AS OF THE DAY THE APPLICATION IS SUBMITTED (must be a dentist and member of the College) AND HIS/HER REGISTERED PRACTICE ADDRESS, TELEPHONE NUMBER AND REGISTRATION NUMBER WITH THE COLLEGE AS OF THAT DAY.

COLLEGE REGISTRATION #:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
PRACTICE ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

COLLEGE REGISTRATION #:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
PRACTICE ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

COLLEGE REGISTRATION #:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
PRACTICE ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

COLLEGE REGISTRATION #:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
PRACTICE ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

(Attach additional pages appropriately labelled, if necessary.)

4. NAME(S) OF NON-VOTING SHAREHOLDER(S) AS OF THE DAY THE APPLICATION IS SUBMITTED TO THE COLLEGE. PLEASE INSERT NAME OF SHAREHOLDER(S) AND CHECK APPROPRIATE BOX.

LAST NAME:	GIVEN NAMES (underline one commonly used):	
DENTIST <input type="checkbox"/>	FAMILY MEMBER <input type="checkbox"/>	TRUSTEE <input type="checkbox"/>

IF DENTIST, PLEASE PROVIDE HIS/HER REGISTERED PRACTICE ADDRESS, TELEPHONE NUMBER AND REGISTRATION NUMBER WITH THE COLLEGE AS OF THAT DAY.

COLLEGE REGISTRATION #:		
PRACTICE ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

LAST NAME:	GIVEN NAMES (underline one commonly used):	
DENTIST <input type="checkbox"/>	FAMILY MEMBER <input type="checkbox"/>	TRUSTEE <input type="checkbox"/>

IF DENTIST, PLEASE PROVIDE HIS/HER REGISTERED PRACTICE ADDRESS, TELEPHONE NUMBER AND REGISTRATION NUMBER WITH THE COLLEGE AS OF THAT DAY.

COLLEGE REGISTRATION #:		
PRACTICE ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

LAST NAME:	GIVEN NAMES (underline one commonly used):	
DENTIST <input type="checkbox"/>	FAMILY MEMBER <input type="checkbox"/>	TRUSTEE <input type="checkbox"/>

IF DENTIST, PLEASE PROVIDE HIS/HER REGISTERED PRACTICE ADDRESS, TELEPHONE NUMBER AND REGISTRATION NUMBER WITH THE COLLEGE AS OF THAT DAY.

COLLEGE REGISTRATION #:		
PRACTICE ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

5. NAME(S) OF DIRECTOR(S) / OFFICER(S) AS OF THE DAY THE APPLICATION WAS SUBMITTED (must be a dentist and member of the College)
Note: All directors and officers must also be shareholders of the corporation who are members of the Royal College of Dental Surgeons of Ontario. Please check the appropriate box if you are a director.

If you are also an officer, please check that box and indicate the title of your office.

COLLEGE REGISTRATION #	FULL NAME	DIRECTOR	OFFICER	PROVIDE TITLE OF OFFICE
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

(Attach additional pages appropriately labelled, if necessary.)

6. NAME(S) OF INDIVIDUAL(S) (must be a dentist and member of the College) THAT WILL PRACTISE ON BEHALF OF THE CORPORATION INCLUDING ALL SHAREHOLDERS, PARTNERS, ASSOCIATES AND DENTIST EMPLOYEES OF THE CORPORATION AS OF THE DAY THE APPLICATION WAS SUBMITTED.

COLLEGE REGISTRATION #	FULL NAME

7. THE CORPORATION INTENDS TO PRACTISE AND/OR CARRY ON BUSINESS IN THE FOLLOWING LOCATION(S):

STREET:		SUITE:	
CITY:	POSTAL CODE:	BUSINESS PHONE:	

STREET:		SUITE:	
CITY:	POSTAL CODE:	BUSINESS PHONE:	

STREET:		SUITE:	
CITY:	POSTAL CODE:	BUSINESS PHONE:	

STREET:		SUITE:	
CITY:	POSTAL CODE:	BUSINESS PHONE:	

8. Please provide a brief description of the professional activities to be carried out by the Corporation.

Note: The Corporation cannot carry on, and cannot plan to carry on, any business that is not the practice of dentistry or activities related or ancillary to the practice of dentistry (Regulation 39/02, subparagraph 6(ii) of subsection 2(1).)

I confirm that the information contained in this Application for a Certificate of Authorization for a Health Profession Corporation is complete and accurate.

_____	_____
Signature of Director authorized to sign on behalf of the Corporation <i>(must be a dentist and member of the College)</i>	Date
_____	_____
Please print name.	College Registration Number

NOTE: Subparagraph 2.2 (i, ii, iii) of subsection 1(1) of Ontario Regulation 39/02 as amended to O. Reg. 666/05 states that each issued and outstanding non-voting share of the corporation is owned in one of the following ways:

- i. It is legally and beneficially owned, directly or indirectly, by a member of the College.
- ii. It is legally and beneficially owned, directly or indirectly, by a family member of a voting dentist shareholder.
- iii. It is owned legally by one or more individuals, as trustees, in trust for one or more children of a voting dentist shareholder who are minors, as beneficiaries.

FORM B
Statutory Declaration
of a Dentist

I, _____, a director of _____,
[Insert Full Name of Dentist] [Insert Full Name of Health Profession Corporation ("Corporation")]

do hereby solemnly 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 *Business Corporations Act (Ontario)* including the regulations made under that section, as of the date this Statutory Declaration is executed.
4. The Corporation does not plan to carry on and will not carry on any business that is not the practice of dentistry or an activity related or ancillary to the practice of that profession.
5. There has been no change in the status of the Corporation since the date of the certificate of status enclosed with the Application for a Certificate of Authorization that accompanies this Statutory Declaration.
6. The information contained in the Application for a Certificate of Authorization that accompanies this Statutory Declaration is true, complete and accurate as of the day this Statutory Declaration is declared.

Declared before me in the City of _____ in

the _____ of _____

this _____ day of _____, 20____.

A Commissioner, etc.

(Official seal, stamp, or business card must be provided.)

(Signature of Declarant)

FORM C
TO BE COMPLETED BY EACH DIRECTOR

Undertaking

Each Director of the Health Profession Corporation to execute a separate Undertaking.

I, _____, a member of the Royal College of Dental Surgeons
Name of Director
of Ontario ("College") and a director and a shareholder of _____
Name of Corporation ("Corporation")

UNDERTAKE TO THE COLLEGE AS FOLLOWS:

1. I accept professional responsibility for any act or omission of the Corporation that would be professional misconduct if such act or omission had been committed or omitted by a member of the College.
2. I will ensure that the Corporation does not do or cause to be done or omit or cause to be omitted anything that would be professional misconduct if done or omitted to be done by a member of the College.
3. I will ensure that the Corporation does not engage in the practice of dentistry or any activity related or ancillary to the practice of that profession unless it maintains a valid Certificate of Authorization issued by the College.
4. I will ensure that the Corporation does not practise under any name other than the name of the Corporation, a practice name previously approved by the College for use by a dentist shareholder of the Corporation or a name permitted by Regulation.
5. I will ensure that the Corporation complies with the *Regulated Health Professions Act, 1991*, the *Dentistry Act, 1991*, the regulations made under those Acts, and the by-laws of the College.
6. I will ensure that the College is notified immediately of any change in shareholders of the Corporation and that any future dentist shareholder of the Corporation execute and file with the College, within ten days of becoming a shareholder of the Corporation, an Undertaking in a form approved by the College.
7. I will ensure that the College is notified of any changes to practice locations of the Corporation as soon as they occur.
8. I acknowledge that a breach of this Undertaking may result in referral of specified allegations of professional misconduct against me to the Discipline Committee arising out of my failure to abide by any of the terms of this Undertaking.
9. I acknowledge having been advised to obtain independent legal advice prior to signing this Undertaking.

Signature of Director (must be a dentist and member of the College)

Signature of Witness

Name of Director (please print)

Name of Witness (please print)

Date

FORM D
TO BE COMPLETED BY EACH DENTIST SHAREHOLDER
(must be a member of the College)

Undertaking

Each Shareholder of the Health Profession Corporation to execute a separate Undertaking.

I, _____, a member of the Royal College of Dental Surgeons
Name of Shareholder
of Ontario ("College") and a shareholder of _____ UNDERTAKE TO
Name of Corporation ("Corporation")

THE COLLEGE AS FOLLOWS:

1. I accept professional responsibility for any act or omission of the Corporation that would be professional misconduct if such act or omission had been committed or omitted by a member of the College.
2. I will ensure that the Corporation does not do or cause to be done or omit or cause to be omitted anything that would be professional misconduct if done or omitted to be done by a member of the College.
3. I will ensure that the College is notified within ten (10) days if I cease to be a shareholder of the Corporation.
4. I acknowledge that a breach of this Undertaking may result in referral of specified allegations of professional misconduct against me to the Discipline Committee arising out of my failure to abide by any of the terms of this Undertaking.
5. I acknowledge having been advised to obtain independent legal advice prior to signing this Undertaking.

Signature of Dentist Shareholder *(must be a member of the College)*

Signature of Witness

Name of Shareholder (please print)

Name of Witness (please print)

Date