

# COLLEGE OF MIDWIVES OF ONTARIO

## INITIAL APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

Date of submission of application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date/ month/ year

### Section A

Corporate Name: \_\_\_\_\_ Corporation # \_\_\_\_\_  
(N.B. The name of the corporation must comply with the requirements of s.1 of Ontario 39/02 - see Guide)

Practice Name (if applicable): \_\_\_\_\_

Corporate Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

e-mail \_\_\_\_\_

### Section B

I, \_\_\_\_\_, a member of the College of Midwives Of Ontario and a director of the corporation, am applying on behalf of the above corporation for a Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

- 1) **Membership:** I am a member of the College of Midwives of Ontario and my certificate of registration is not currently suspended or revoked.
- 2) **Incorporation:** The corporation is incorporated under the *Business Corporations Act of Ontario*.
- 3) **Corporation Status:** There has been no change in the status of the corporation since the date the certificate of status was issued (must be within previous 30 days of the date of submission of this application).

- 4) **Shareholders:** The name of each shareholder of the corporation and his or her College registration number, business address, business telephone number, and e-mail as of the date of submission of this application is (use additional pages if necessary):

| Full Name | College Registration # | Business Address | Business Phone | e-mail |
|-----------|------------------------|------------------|----------------|--------|
|           |                        |                  |                |        |
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- 5) **Directors and Officers:** (Note: all directors and officers must be shareholders of the corporation.) The names of all of the directors and officers of the corporation as of the date of submission of this application are:

| Full Name<br>(as above) | Check off if a<br>Director | Check off if an<br>Officer | Give Title of Office if an<br>Officer |
|-------------------------|----------------------------|----------------------------|---------------------------------------|
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|                         |                            |                            |                                       |

**6) Practice Location(s):**

As of the date of submission of this application, the corporation practises in the following location(s), if different from the corporate address, as listed in Section A. The only addresses omitted are residential addresses of clients.

| Address | Phone |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |

**7) Professional Activities:**

As indicated in the accompanying statutory declaration, the corporation can not carry on, and can not plan to carry on, any business that is not the practise of the profession governed by the College or activities related to or ancillary to the practice of the profession (Regulation 39/02 2.(1) 6.ii). List in full any ancillary activities permitted under the corporation's articles of incorporation.

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- 8) **Members Practising:** Members of the College of Midwives of Ontario that will practise the profession through the corporation, including shareholders and employees of the corporation, are:

| Full Name | College registration # |
|-----------|------------------------|
|           |                        |
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9) **Supporting Documentation:**

The application includes the following documents:

- Signed application form including undertaking forms signed by all shareholders
- Fee
- Statutory declaration by a director of the corporation signed before a commissioner, lawyer or notary public no more than 15 days before this application is submitted.
- Certificate of Status from Ministry of Government Services issued not more than 30 days before this application is submitted.
- Certified copy of Certificate of Incorporation (including the articles of incorporation)
- Certified copy of every Certificate of Incorporation of the corporation that has been endorsed under the *Business Corporations Act* as of the date this application is submitted (if applicable).

10) **Accuracy of application:** I have personal knowledge of the declarations contained in this application and of the information I have added in completing this form, and I declare that the declarations and information are accurate and complete.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name)

Registration # \_\_\_\_\_

**OFFICE USE ONLY**

- Application is approved
- Application is denied

Reasons denied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Registrar's signature

\_\_\_\_\_  
Date

Section C

**UNDERTAKING FOR  
PROFESSIONAL CORPORATIONS**  
(Each shareholder of the corporation must sign this form)

I \_\_\_\_\_, holding College registration number \_\_\_\_\_,  
am a shareholder of \_\_\_\_\_ and do undertake as follows:

- (1) I will ensure that, in the course of practising the profession, the corporation does not do or fail to do anything that would be professional misconduct if done or failed to be done by myself.
- (2) I will ensure that the corporation does not breach any provision of the Code of Conduct for corporations that may be published by the College from time to time.
- (3) I will ensure that the corporation maintains a valid Certificate of Authorization and does not provide professional or ancillary services while its Certificate of Authorization is under suspension or revoked or when it does not satisfy the requirements for a professional corporation under subsection 3.2(2) of the *Business Corporations Act*.
- (4) I will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Midwifery Act* and its regulations, and by-laws of the College.
- (5) I will ensure that any person who is not currently a shareholder of the corporation shall file a similar undertaking with the College as soon as he or she becomes a shareholder.
- (6) I will ensure that the College is notified of any changes to the name, articles of incorporation or practice locations of the corporation as soon as they occur and to any other information provided in the application within the time period required by the by-laws.
- (7) I will ensure that if the corporation practises in a name other than its corporate name, the corporation shall first notify the College of its practice name and shall include its corporate name in all written, electronic, or broadcast communications.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name)

Registration # \_\_\_\_\_

**Section D**  
**STATUTORY DECLARATION<sup>1</sup>**

I, \_\_\_\_\_, holding College registration number \_\_\_\_\_,  
am a director of \_\_\_\_\_, and do hereby solemnly declare the  
following:

1. I certify the following:

- i. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this statutory declaration is executed,
- ii. that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession,
- iii. that 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, and
- iv. that the information contained in the application for a Certificate of Authorization that accompanies this statutory declaration is complete and accurate as of the day this statutory declaration is executed.

and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me in the City of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Declarant)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
A Commissioner, etc.  
Made pursuant to s. 41 of the *Canada Evidence Act*,  
And s. 43 of the *Evidence Act*, of Ontario.  
(Affix stamp, or seal below)

<sup>1</sup> Under para. 2(1).6 of the Minister's regulation, an application for a certificate of authorization is to be accompanied by a statutory declaration (much like an affidavit) containing the information as set out in this statutory declaration