

## Renewal Form for Certificate of Authorization for Professional Corporation

<b>1. Name of Corporation (as registered with the Ministry of Consumer and Business Services)</b>				
<b>2. Business names used by the Corporation</b>				
<b>3. List all shareholders of the Corporation (use additional sheets if necessary)</b>				
Certificate Name			Registration #	
<b>4. List all officers and directors of the Corporation (use additional sheets if necessary)</b>				
Certificate Name	Reg. #	Officer (Y/N)	Director (Y/N)	Title
<b>5. Principle Practice address of corporation</b>				
Street/Mailing address:				
City:		Province:		Postal code:
Phone:	Fax:	Email:		
<b>6. All other practice locations where the corporation offers professional services. Omit only client residences.</b>				
Street/Mailing Address				
City:		Province:		Postal Code:
Phone:	Fax:	Email:		
<b>7. Description of the professional activities carried out by the corporation</b>				

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date