

FORM

Application for Permit Renewal

Privacy and Security

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the "College") under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

Corporation Information			
Name of Corporation:		Incorporation Number: BC _ _ _ _ _	
Primary Business Address:			
City:		Prov/Terr:	Postal Code:
Telephone:	Fax:	Email:	
Web Address:			

List any additional addresses where the Corporation carries on the business of providing the services of naturopathic medicine. (To report a new location or update location information, please attach a separate *Places of Practice Information Form* to this application.)

Applicant Information			
Given name(s):		Registrant Number:	
Surname:			
Class of Registration: <input type="checkbox"/> Full (Practising) <input type="checkbox"/> Temporary <input type="checkbox"/> Non-Practising <input type="checkbox"/> Former			
Mailing Address:			
City:		Province/Territory:	Postal Code:
Telephone:	Fax:	Email:	

Shareholder Information	
Names of all registrants who are or will be <u>voting</u> shareholders of the Corporation or any holding company as defined under section 40.1 of the <i>Health Professions Act</i> of British Columbia	
Names of all registrants who are or will be <u>non-voting</u> shareholders of the Corporation or any holding company as defined under section 40.1 of the <i>Health Professions Act</i> of British Columbia IF NOT APPLICABLE, PLEASE INDICATE	

Application Checklist – In support of this application, please attach the following:

- Permit renewal fee of \$100.00, payable to the '**College of Naturopathic Physicians of British Columbia**'

The College may request additional information in support of this application.

Applicant Attestation (required):

I, _____, hereby apply for renewal, for the period of
Name of Applicant

January 1, 2016 to December 31, 2016, of the Health Profession Corporation permit issued by the

College to the: _____, and, as of the date of
Name of Corporation

this application, I declare that:

All persons performing the services on behalf of the Corporation are registrants of the College or, if permitted by the Bylaws, an employee of the Corporation under the supervision of a registrant of the College.

- Yes No

All Directors of the Corporation are registrants of the College.

- Yes No

College of Naturopathic Physicians of British Columbia

All shareholders of the Corporation are residents of British Columbia.

Yes No

The Corporation is a company within the meaning of the *Business Corporations Act* of British Columbia and is in good standing under the Act.

Yes No

The Corporation has and at all times maintains professional liability insurance in an amount not less than \$1,000,000 per occurrence.

Yes No

The Corporation will disclose on all letterhead and business cards, and in all other advertisements, that the services of naturopathic medicine are being provided by a Health Profession Corporation.

Yes No

I will advise the College of any changes to the information provided in this Application for Permit Renewal, including the supporting documents.

Yes No

The Corporation continues to in all respects comply with the *Health Professions Act* of British Columbia and the Bylaws of the College.

Yes No

I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.

Yes No

Applicant's Signature

Date Applied (yyyy/mm/dd)

Date Approved (yyyy/mm/dd)

Please check the box to indicate the method of payment, and enclose payment if applicable.

Bank Draft/Money Order

Cheque

Visa/MC Account # _____ Expiry: (mm) _____(yyyy) _____

Security # (three digit number on back of card) _____

Applicant's Signature

Date (yyyy/mm/dd)