

FORM

**Application for Permit**

**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:			

**\*Has the name or proposed name of the Corporation been approved by the College?**

- No  Yes (If yes, attach confirmation of name approval from the College.)

To makes any changes, please complete an Application for Corporate Name Change form.

**\*\*List any additional addresses where the Corporation carries on the business of providing the services of naturopathic medicine by attaching a separate page to this application.**

CERTIFICATE OF INCORPORATION

- The Corporation is a company within the meaning of the *Business Corporations Act* of British Columbia and is in good standing under the Act.
- I have attached a copy of the certificate of incorporation of the company.

LIABILITY INSURANCE

- The Corporation has and will at all times maintain professional liability insurance in an amount not less than \$1,000,000 per occurrence.
- I have attached a copy of the insurance policy.

ADVERTISEMENT

- 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.

**College of Naturopathic Physicians of British Columbia**

APPLICANT INFORMATION		
Given name(s):		CNPBC Licence / Registration Number: _0_ _0_ _ _ _
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:	Prov/Terr:	Postal Code:
Telephone:	Fax:	Email:

REGISTRATION WITH THE COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

- I am registered in good standing with the College of Naturopathic Physicians of British Columbia.
- 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 of Naturopathic Physicians of British Columbia.
- All registrant employees of the Corporation are registered in good standing with the College of Naturopathic Physicians of British Columbia.

If applicable, please list the names and registration numbers of all registrant employees of the Corporation:

REGISTRANTS	CNPBC LICENCE / REGISTRATION NUMBER

**College of Naturopathic Physicians of British Columbia**

**VOTING SHARES**

- All voting shares of the Corporation are legally and beneficially owned by myself and/or other registrants in good standing of the College of Naturopathic Physicians of British Columbia.

Please list the names, addresses, and registration numbers of all voting shareholders of the Corporation:

<b>NAME</b>	<b>ADDRESS</b>	<b>CNPBC LICENCE / REGISTRATION NUMBER</b>

**NON-VOTING SHARES**

All non-voting shares of the Corporation are legally and beneficially owned by persons:

- Who are registrants of the College of Naturopathic Physicians of British Columbia;  
*And/Or*
- Who are the spouse, children, parents, siblings or other relatives of a shareholding registrant of the College of Naturopathic Physicians of British Columbia;  
*And/Or*
- Who reside with a shareholding registrant of the College of Naturopathic Physicians of British Columbia.

Please list the names of all non-voting shareholders, their relationship, and where they reside:

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>RESIDENCE</b>

**College of Naturopathic Physicians of British Columbia**

DIRECTORS OF THE CORPORATION

- All directors of the Corporation are registrants in good standing of the College of Naturopathic Physicians of British Columbia.

Please list the directors of the Corporation, their position if any, and their registration number:

NAME	POSITION	CNPBC LICENCE / REGISTRATION NUMBER

PAYMENT OF FEES

- I have completed page 5 of this form to pay the \$263 application fee to the College of Naturopathic Physicians of British Columbia.

**APPLICANT ATTESTATION (required):**

I hereby make application subject to the *Health Professions Act* of British Columbia, and the regulations and bylaws of the College of Naturopathic Physicians of British Columbia, as a health profession corporation, to carry on the business of providing naturopathic medical services to the public and declare the following:

I have read, understand, and will remain at all times in compliance with the <i>Health Professions Act</i> , the <i>Business Corporations Act</i> , and the regulations and bylaws of the College	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Corporation complies in all respects with the <i>Health Professions Act</i> of British Columbia and the regulations and bylaws of the College.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I do not know of any reason, condition, or circumstance why I should not be granted a Health Profession Corporation permit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will advise the College of any changes to the information provided in this form, including the supporting documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I certify that the information contained in this form is true, complete, and accurate to the best of my knowledge.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date Applied (yyyy/mm/dd)*

\_\_\_\_\_  
*Date Approved(yyyy/mm/dd)*

**College of Naturopathic Physicians of British Columbia**

**APPLICATION CHECKLIST – In support of this application, please attach the following:**

- Certificate of Solicitor in **Schedule “A”**
- An Acknowledgement of Shareholder in **“Schedule B”**, executed by each registrant who is or will be a voting shareholder of the Corporation or of any holding company as defined under section 40.1 of the *Health Professions Act* of British Columbia
- Confirmation of any approval previously issued by the College for use of the Corporation name
- Certified copy of the Certificate of Incorporation, and any certificate of change of name, issued to or filed by the Corporation under the *Business Corporations Act* of British Columbia
- A copy of Proof of Insurance
- Application fee of \$263.00, payable to the **‘College of Naturopathic Physicians of British Columbia’**

**PAYMENT**

**Once the application is received, College staff will be in touch by email to notify you that an invoice is available for payment under your Registrant Online Self-Service account ([ROSS](#)).**

**INFORMATION FOR SUBMITTING YOUR APPLICATION**

Sign and return form to the College of Naturopathic Physicians of British Columbia.

By mail: 840-605 Robson Street, Vancouver BC V6B 5J3

By fax: (604) 688-8476

By email: [office@cnpbc.bc.ca](mailto:office@cnpbc.bc.ca)

***If you have any questions regarding this process,  
please feel welcome to contact the College and staff will be pleased to assist you.***

Phone: (604) 688-8236