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.

To be completed by the President of the Corporation.

NOTE: The College may request additional information in support of this form.

CORPORATION INFORMATION			**Permit #: HPC – __ __ __ __**	
Name of Corporation*:				Incorporation Number: BC __ __ __ __ __ __ __
Primary Business Address**:				
City:			Prov/Terr:	Postal Code:
Telephone:	Fax:	Email:		
Web Address:				

CORPORATION NAME APPROVAL
***** *NOTE: To makes any changes, please complete an Application for Corporate Name Change form.*

** BUSINESS ADDRESSES / PLACES OF PRACTICE
Submit additional addresses where the Corporation carries on the business of providing the services of naturopathic medicine by attaching to this form as many copies of the Places of Practice Information Form (available in the Registrant's Online Self-Service) as required.

APPLICANT INFORMATION	
Given name(s):	CNPBC Registration Number: 0 0 ___ ___ ___
Surname:	
Class of Registration: ☐ Full (Practising) ☐ Temporary ☐ Non-Practising ☐ Former	

FOR COLLEGE USE ONLY	
YYYY/MM/DD INITIALS	YYYY/MM/DD INITIALS
RECEIVED	PROCESSED

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. (Attach additional pages if required.)

NAME	ADDRESS	CNPBC LICENCE / REGISTRATION NUMBER

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;
<u>And/Or</u>

☐ Who are the spouse, children, parents, siblings or other relatives of a shareholding registrant of the College of Naturopathic Physicians of British Columbia;
<u>And/Or</u>

☐ Who reside with a shareholding registrant of the College of Naturopathic Physicians of British Columbia.

Please list the names of all non-voting shareholders, where they reside, and their relationship to you or another shareholding registrant. (Attach additional pages if required.)

NAME	ADDRESS	RELATIONSHIP

PAYMENT OF FEES

☐ I have completed page 4 of this form to pay the $100 permit renewal fee to the College of Naturopathic Physicians of British Columbia.

APPLICANT ATTESTATION (required):

I, ____[name of applicant]
hereby apply for renewal, for the period of **January 1, 2017** to **December 31, 2017**, of the Health Profession Corporation permit issued by the College to
____[name of Corporation]
and, as of the date of this application, I declare that:

I have read, understand, and will remain at all times in compliance with the *Health Professions Act*, the *Business Corporations Act*, and the regulations and bylaws of the College	☐ Yes ☐ No
The Corporation continues to in all respects comply with the *Health Professions Act* of British Columbia and the regulations and bylaws of the College.	☐ 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
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 registrants performing services on behalf of the Corporation are registered in good standing with the College of Naturopathic Physicians of British Columbia.	☐ Yes ☐ No
All shareholders of the Corporation are residents of British Columbia.	☐ Yes ☐ No
All voting shares of the Corporation are legally and beneficially owned by myself and/or other registrants in good standing of the College.	☐ Yes ☐ No
All directors of the Corporation are registrants of the College.	☐ Yes ☐ No
The articles of the Corporation provide for the disposition of the shares of a shareholder who dies or ceases to be a registrant or ceases to be qualified to practice the profession.	☐ Yes ☐ No
I (or my designate) will promptly advise the College of any changes to the information provided in this Application for Permit Renewal, including any supporting documents.	☐ Yes ☐ No
I certify that the information contained in this form is true, complete, and accurate to the best of my knowledge.	☐ Yes ☐ No

______________________________ ______________________________
Applicant's Signature *Date Applied (yyyy/mm/dd)*

PAYMENT
Please check the box to indicate the method of payment and enclose payment if applicable. ☐ Bank Draft/Money Order ☐ Certified Cheque ☐ Visa/MC Account # ___________________________________ Expiry: (mm) _____(yyyy) ___________ Security # (three digit number on back of card) ___________________ ___________________________________ ___________________________ *Applicant's Signature* *Date (yyyy/mm/dd)*

INQUIRIES & INFORMATION FOR SUBMITTING THIS FORM
For further information regarding this process, or regarding the College's requirements for health profession corporations, please feel welcome to contact the College and staff will be pleased to assist you. Phone: (604) 688-8236 To submit this form, sign and return it 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