



The College of

Physicians and Surgeons of Ontario

**CERTIFICATE OF AUTHORIZATION for a CORPORATION
TO PRACTISE MEDICINE**

Annual Renewal Application Package

This application package contains the following:

Form 1. Renewal Requirements and Continuing Eligibility

Form 2. Instruction Sheet

Form 3. Application Form for Annual Renewal

Form 4. Declaration for Annual Renewal

Form 5. Credit Card Payment Authorization Form

If any of the above is missing, please contact the Corporations Unit:

Email: corporations@cpsso.on.ca

Telephone: 416-967-2673, ext 673 or toll-free in Canada: 1-800-268-7096

Mailing address: 80 College Street, Toronto, Ontario M5G 2E2

Important!

The College of Physicians and Surgeons of Ontario is unable to provide any accounting or legal advice as to whether a corporation should or should not apply for renewal of its certificate of authorization. For advice in this regard, the College recommends the corporation consult a lawyer or accountant.

If a corporation does not apply for renewal or fails to comply with one or more of the requirements for renewal, the College will issue a notice proposing to revoke the corporation's certificate of authorization. Revocation will occur sixty days from the date of the notice, if grounds for revocation still exist. Upon revocation, the corporation ceases to be a professional corporation until it applies for and is issued a new certificate of authorization.

Revised November 2017

Form 1. Renewal Requirements and Continuing Eligibility

The College of Physicians and Surgeons of Ontario will renew a certificate of authorization for a corporation to practise medicine provided the corporation applies for renewal and complies with all requirements and continues to be eligible to hold a certificate of authorization.

Renewal requirements

<input type="checkbox"/>	Completed application form for annual renewal
<input type="checkbox"/>	Application renewal fee of \$175 (Non-refundable and payable by credit card, cheque, money order or bank draft)
<input type="checkbox"/>	Declaration of a director of the corporation signed not more than 15 days before application for renewal is received by the College. An expired or incomplete declaration cannot be accepted.
<input type="checkbox"/>	Copy of a Corporation Profile Report (uncertified), issued by the Ministry of Government and Consumer Services or by a service provider with the Ministry of Government and Consumer Services, indicating that the corporation is active. The report must be dated not more than 30 days before the application is received by the College. An expired corporation profile report cannot be accepted.
<input type="checkbox"/>	Copy of every other certificate of the corporation that has been endorsed under the <i>Business Corporations Act</i> since the issuance or most recent annual renewal of the corporation's certificate of authorization. This is required ONLY if the corporation has made any such changes; e.g., articles of amendment to change to the corporation's name.

Continuing eligibility

Despite a corporation's application for renewal and its compliance with all renewal requirements, the College will not act upon the application for renewal if, in the year since the issuance or most recent renewal of the corporation's certificate of authorization, the corporation has:

- Changed its articles of incorporation and failed to notify the College
- Changed its name and failed to notify the College
- Changed its member shareholders and failed to notify the College
- Changed its member shareholders and failed to give the College the required declaration
- Carried on any business that is not the practice of medicine or activities related to or ancillary to the practice of medicine
- Ceased to practise medicine

Note: This form is for convenient reference only. For authoritative reference, see [Appendix: Regulations and Relevant Sections in Statutes, Business Corporations Act](#).

Form 2. Instruction Sheet

Please follow these instructions carefully.

Step 1: Complete the Application Form for Annual Renewal (Form 3)

Step 2: Complete the Declaration for Annual Renewal (Form 4)

A director must sign the declaration not more than **15 days** before application is received by the College.

Step 3: Enclose Corporation Profile Report (uncertified version will suffice)

Enclose a copy of a corporation profile report, issued by the Ministry of Government and Consumer Services, indicating that the corporation is active. The report must be dated not more than **30 days** before the application is received by the College. **To order a Corporation Profile Report online, go to the websites of any of the following service providers for the Ministry:**

- **OnCorpDirect Inc.** www.oncorp.com
- **Cyberbahn & Marque D’Or** www.cyberbahn.com
- **ESC Corporate Services** www.eservicecorp.ca

Or contact the Ministry directly at: **Ministry of Government Services**, Companies and Personal Property Security Branch, 375 University Avenue, 2nd Floor, Toronto, M5G 2M2 | Tel: 416-314-8880 or 1-800-361-3223

Step 4: Enclose Other Certificates (If any)

If, in the past year, the corporation has changed its name, amended its articles, or made any other changes requiring an endorsed certificate under the *Business Corporation Act*, a copy of this certificate must be submitted.

Step 5: Enclose Payment

Payment of the non-refundable renewal application fee of \$175 must be made by credit card (using Form 5), cheque, money order or bank draft payable to the College of Physicians and Surgeons of Ontario. **CLICK HERE** for credit card payment form.

Step 6: Mail or Deliver Application to the College

- Ensure that application is complete before submitting.
- Processing time is several weeks, but during the renewal process, the certificate of authorization presently held by the corporation remains valid.
- Mail or deliver completed application to: College of Physicians and Surgeons of Ontario, Membership and Corporations Department, 80 College Street, Toronto ON M5G 2E2
- As the application package includes time-sensitive documents, the corporation is encouraged to courier applications to ensure timely receipt.

Step 7: Receive Certificate of Authorization from College

- The certificate of authorization will be mailed to the corporation’s registered office address, unless the corporation instructs otherwise.

Step 8: Reminder for Next Annual Renewal

The certificate of authorization must be renewed annually on the anniversary of the certificate’s date of issue. The corporation must apply to the College for renewal. The College will endeavour to send a reminder to the corporation about six weeks in advance of the next renewal deadline, but the College assumes no responsibility for initiating the application for renewal. Applications are available from the College’s website at www.cpso.on.ca.

Form 3. Application Form for Annual Renewal

All parts of the form must be completed in full and be clearly legible. Answer each question carefully. If any question is unclear, contact the College for assistance.

If additional space is required, attach pages of same size, indicating to which question they belong.

Application form must be signed by a director of the corporation.

Please note: Incomplete applications will be returned.

1. Name of Corporation	
2. College-Assigned I.D. No.: (see renewal letter or Certificate of Authorization)	
3. Certificate Renewal Date: (see renewal letter or Certificate of Authorization)	
4. Business Names List all business names and corresponding business numbers registered under the <i>Ontario Business Names Act</i> or otherwise, under which the corporation operates and which are different from the corporation name entered in section 1 above.	
If none, check here: <input type="checkbox"/>	
For registered business names, provide corresponding business number assigned by Ministry of Government Services.	
Business Name	Business number

5. Practice Address

Address(es) of all premises where the corporation carries on the practice of medicine as of the day this application is submitted. Practice addresses will be available to the public on the College's website.

DO NOT PROVIDE A RESIDENTIAL ADDRESS IN THIS SECTION.

Street Name and Number				Suite	
Municipality			Province		Postal Code
Telephone 1			Telephone 2		
Email			Fax		

Street Name and Number				Suite	
Municipality			Province		Postal Code
Telephone 1			Telephone 2		
Email			Fax		

Street Name and Number				Suite	
Municipality			Province		Postal Code
Telephone 1			Telephone 2		
Email			Fax		

Street Name and Number				Suite	
Municipality			Province		Postal Code
Telephone 1			Telephone 2		
Email			Fax		

Street Name and Number				Suite	
Municipality			Province		Postal Code
Telephone 1			Telephone 2		
Email			Fax		

6. Registered Office Address:

Provide current registered office address as filed with the Ministry of Government Services (see Corporation Profile Report). **The address provided in this section WILL NOT be made available to the public unless also listed under Section 5 above.**

Street Name and Number				Suite	
Municipality			Province		Postal Code
Telephone 1			Telephone 2		
Email			Fax		

7.(a) Shareholders The following questions are asked in connection with the rules for share ownership as set out in O.Reg. 665/05 under the *Business Corporations Act* and O.Reg. 39/02 under the *Regulated Health Professions Act*.

i. Is each issued and outstanding voting share of the corporation legally and beneficially owned, directly or indirectly, by a member of the College? Note: "Member" means currently registered with the College and holding a valid certificate of registration.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii. Do the corporation's articles provide for a class of non-voting shares?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. If yes, are any of these non-voting shares issued and outstanding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes to question iii, answer the following:</i>		
iv. Is each issued and outstanding non-voting share owned in one of the following ways? <ul style="list-style-type: none"> • Legally and beneficially owned, directly or indirectly, by a member of the College, or • Legally and beneficially owned, directly or indirectly, by a family member of a voting physician shareholder (note: "family member" means spouse, child or parent of the voting physician), or • Legally owned by one or more individuals, as trustees, for one or more minor children, as beneficiaries, of a voting physician shareholder. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7.(b) Physician Shareholders Name of each College member who is a shareholder of the corporation as of the day this application is submitted and his or her practice address, telephone number and registration number with the College. For each member listed, indicate whether the member owns any voting shares.

Surname		Practice Address and Telephone Number
First		
Middle		
CPSO Number		
Owns Voting Shares? Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Surname		Practice Address and Telephone Number
First		
Middle		
CPSO Number		
Owns Voting Shares? Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Surname		Practice Address and Telephone Number
First		
Middle		
CPSO Number		
Owns Voting Shares? Yes <input type="checkbox"/>	No <input type="checkbox"/>	

8. Directors and Officers

List all directors and officers of the corporation as of the day this application is submitted. All directors and officers must be shareholders of the corporation and members of the College. Check appropriate boxes indicating director or officer or both.

Surname				Director <input type="checkbox"/>	Officer <input type="checkbox"/>
First name		CPSO #		Office Title(s) (e.g. Treasurer):	
Surname				Director <input type="checkbox"/>	Officer <input type="checkbox"/>
First name		CPSO #		Office Title(s) (e.g. Treasurer):	
Surname				Director <input type="checkbox"/>	Officer <input type="checkbox"/>
First name		CPSO #		Office Title(s) (e.g. Treasurer):	

9. Continuing Practice

The following questions are asked in connection with subsection 6 (1) of O.Reg. 39/02, which sets out the grounds upon which a corporation's certificate of authorization may be revoked.

Each question must be answered separately. Please attach a written explanation for each "yes" response.

In the year since the issuance or most recent renewal of the corporation's certificate of authorization, has the corporation:		
i. Changed its articles of incorporation and failed to notify the College promptly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii. Changed its name and failed to notify the College promptly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Changed its member shareholders and failed to notify the College within 15 days of the change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iv. Changed its member shareholders and failed to give the College the required declaration within 15 days of the change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
v. Carried on any business that is not the practice of medicine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
vi. Ceased to practise medicine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. Description of Practice

Describe briefly the nature of the medical practice carried out by the corporation.

Note: Under the *Business Corporations Act*, a professional corporation may not carry on a business other than the practice of the profession and activities related to or ancillary to that practice.

11. Contact Name

Name of person to be contacted by the College in connection with this application.

Full Name		Title	
Address			
Telephone		Fax	
Email			
<input type="checkbox"/> Please send certificate of authorization to contact address (Check here if corporation prefers certificate of authorization to be mailed to contact name address instead of registered office address.)			

12. Signature of Director

Authorized director to sign below on behalf of corporation

Name of Director

I certify that the information provided in this application form is accurate and complete:

Signature of Director

Date

STOP!

Before submitting this application, please ensure the form is fully completed and the following are enclosed:

- A fully completed and signed Declaration (Form 4) that is dated not more than **15 days** before renewal application is received by College
- A Corporation Profile Report (uncertified version) that is dated not more than **30 days** before the renewal application is received by College
- Payment of fee of \$175 by credit card (Form 5), cheque or money order made payable to the College of Physicians and Surgeons of Ontario

If the application indicates grounds for revocation of the certificate of authorization, the College must send to the corporation notice of proposal to revoke.

The College does not retain paper applications after processing. We strongly advise you to make a copy before submission.

Thank you for your application

PLEASE DO NOT STAPLE THIS APPLICATION

Please submit completed application, signed and fully dated, along with accompanying documents to:

**Membership and Corporations Department
 College of Physicians and Surgeons of Ontario
 80 College Street
 Toronto, Ontario M5G 2E2**

Form 4: Declaration for Annual Renewal

This declaration must be signed and dated by a director of the corporation not more than **15 days** before the application is received by the College of Physicians and Surgeons of Ontario. This declaration cannot be accepted if expired.

I, _____ a director of the corporation named
Full name of the director of the corporation

_____ (the “corporation”),
Full name of corporation named in part 1 of application form (Form 3)

do hereby certify,

1. that the corporation is in compliance with section 3.2 of the *Ontario Business Corporations Act*, including the regulations made under that section, as of the date this declaration is signed,
2. that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of medicine or activities related to or ancillary to the practice of medicine,
3. that there has been no change in the status of the corporation since the date of the corporation profile report submitted to the College as part of the application for renewal of certificate of authorization,
4. that the information contained in the application for renewal is complete and accurate as of the day this declaration is signed.

Signature of Director

Date DD/MM/YYYY

IMPORTANT: Please ensure Declaration is received by the College not more than **15 days from date of Director’s signature.**



Form 5. Credit Card Payment Authorization Form

Fee payment for a **renewal** of a Certificate of Authorization for a Corporation to Practise Medicine

Please complete this online form, print out and add your signature for your credit card payment.

Submission Options: (See instructions below. To avoid duplicate charge, please only submit once)

Date

College Assigned ID # (See your Certificate of Authorization)

Corporation name

Credit Cardholder Information

First Name

Last Name

Telephone

Email

I authorize the College of Physicians and Surgeons of Ontario to charge **\$175** to my credit card.

Visa 
 MasterCard 
 American Express 

Card number

Expiry Date (MM/YY)

Cardholder signature
 Please print out this form and sign above.
 Mail with your application to:
 CPSO, 80 College Street, Toronto, Ontario M5G 2E2

For Office Use Only

Sol ID Corporation Name

May 2012