



## Section A

Corporate name: \_\_\_\_\_

Practice name (if applicable): \_\_\_\_\_

Ontario Corporation Number: \_\_\_\_\_

Business address (If this is a home address, the information will be published):

Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Section B

I, \_\_\_\_\_, a member of the College of Kinesiologists of Ontario and a director of the corporation, am applying on behalf of the above corporation for a certificate of authorization under the *Regulated Health Professions Act, 1991*, and declare that:

1) **Membership:** I am a member of the College of Kinesiologists of Ontario and my certificate of registration is not currently suspended or revoked.

2) **Incorporation:** The corporation is incorporated under the *Ontario Business Corporations Act, 1990*.

3) **Corporation status:** There has been no change in the status of the corporation since the date the enclosed corporation profile report was issued (must be within previous 30 days of the date of submission of this application).

4) **Shareholders:** The name of each shareholder of the corporation and his or her College registration number, business address, business telephone number, and e-mail as of the date of submission of this application is (use additional pages if necessary):

Full name	Registration number	Business address	Telephone	Email


5) **Directors and officers:** (Note: all directors and officers must be shareholders of the corporation. Write “Yes” under officer if the person is an officer or “Yes” under director if the person is a director). The names of all of the directors and officers of the corporation as of the date of submission of this application are:

Full name (as above)	Officer	Director	Title of office if an officer

6) **Practice location(s):** As of the date of submission of this application, the corporation operates in the following location(s), if different from the corporate address, as listed in Section A. The only addresses omitted are residential addresses of clients. Please write N/A if this section is not applicable.

Address	Telephone number

7) **Professional activities:** As indicated in the accompanying declaration, the corporation cannot carry on, and cannot plan to carry on, any business that is not the practice of kinesiology as governed by the College or activities related to or ancillary to the practice of kinesiology (Regulation 39/02 2.(1) 6.ii)). List in full any ancillary activities permitted under the corporation’s articles of incorporation.

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8) **Members Practising** – Members of the College of Kinesiologists of Ontario that will practise the profession through or for the corporation, including shareholders and employees of the corporation, are:

Name	Registration Number

9) **Accuracy of application:** I have personal knowledge of the declarations contained in this application and of the information I have added in completing this form, and I declare that the declarations and information are accurate and complete.

Applicant's name: \_\_\_\_\_

College registration number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section C

### Undertaking for Professional Corporations (Each shareholder of the corporation must sign this form)

I \_\_\_\_\_, holding College registration number \_\_\_\_\_, am a shareholder of \_\_\_\_\_ and do undertake as follows:

- (1) I shall ensure that, in the course of practising the profession, the corporation does not do or fail to do anything that would be professional misconduct if done or failed to be done by myself.
- (2) I shall ensure that the corporation does not breach any provision of the Code of Ethics of the College.
- (3) I shall ensure that the corporation maintains a valid certificate of authorization and does not provide professional or ancillary services while its certificate of authorization is under suspension or revoked or when it does not satisfy the requirements for a professional corporation under subsection 3.2(2) of the *Business Corporations Act*.
- (4) I shall ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Kinesiology Act* and its regulations, and the by-laws of the College.
- (5) I shall ensure that any person who is not currently a shareholder of the corporation shall file a similar undertaking with the College as soon as he or she becomes a shareholder.
- (6) I shall ensure that the College is notified of any changes to the name, certificate of incorporation or practice locations of the corporation as soon as they occur and to any other information provided in the application within 30 days as required by By-Law 22.07.
- (7) I shall ensure that if the corporation practises in a name other than its corporate name, the corporation shall register such name, and shall immediately notify the College of its practice name and shall include its corporate name in all written, electronic or broadcast communications.

**Applicant's name:** \_\_\_\_\_

**College registration number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Section D**

**Declaration**

I, \_\_\_\_\_, holding College registration number \_\_\_\_\_,  
am a director of \_\_\_\_\_, and do hereby declare the  
following:

- I. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* including the regulations made under Section 3.2 as of the date this declaration is signed,
- II. that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of kinesiology as governed by the College, or activities related to or ancillary to the practice of kinesiology,
- III. that there has been no change in the status of the corporation since the date of the corporation profile report enclosed with the application for a certificate of authorization, and
- IV. that the information contained in the application for a certificate of authorization that accompanies this declaration is complete and accurate as of the day this declaration is signed.

**Signature of declarant:** \_\_\_\_\_

**Print name:** \_\_\_\_\_