



College of Homeopaths of Ontario  
 163 Queen Street East, 2nd Floor,  
 Toronto, Ontario, M5A 1S1  
 TEL 647-749-9366  
 www.collegeofhomeopaths.com

Office Use Only	
Date Received:	
Staff Reviewer:	
Authorization Number:	

## Application for Certificate of Authorization for a Health Profession Corporation College of Homeopaths of Ontario (CHO)

For detailed information on how to complete this form, please see the Guide to Registering and Renewing Health Profession Corporations. Please print clearly.

### SECTION 1: HEALTH PROFESSION CORPORATION INFORMATION

1.a) Health Profession Corporation Name & Number			
Health Profession Corporation Name:		Ontario Professional Corporation Number <i>(issued by Ministry of Government Services):</i>	
1.b) Practice Name of the Health Profession Corporation			
Practice Name:			
1.c) Contact Information for the Principal Place of Practice of the Health Profession Corporation			
Street Number and Name:			Unit / Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	
1.d) Alternate Location #1 <i>(if applicable)</i>			
Street Number and Name:			Unit / Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	
1.e) Alternate Location #2 <i>(if applicable)</i>			
Street Number and Name:			Unit / Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	
1.f) Alternate Location #3 <i>(if applicable)</i>			
Street Number and Name:			Unit / Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	

### SECTION 2: SHAREHOLDER INFORMATION *(Use additional sheets if necessary)*



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2.a) Shareholder #1				
Registrant Name <i>(as it appears on Public Register)</i> :			Registration Number:	
Business Address Street Name and Number:			Unit / Suite:	
City:	Province:	Country:	Postal Code:	
Phone:	Fax:	Email:		
<input type="checkbox"/> Director	<input type="checkbox"/> Officer	Title of Office <i>(if applicable)</i> :		
2.b) Shareholder #2				
Registrant Name <i>(as it appears on Public Register)</i> :			Registration Number:	
Business Address Street Name and Number:			Unit / Suite:	
City:	Province:	Country:	Postal Code:	
Phone:	Fax:	Email:		
<input type="checkbox"/> Director	<input type="checkbox"/> Officer	Title of Office <i>(if applicable)</i> :		
2.c) Shareholder #3				
Registrant Name <i>(as it appears on Public Register)</i> :			Registration Number:	
Business Address Street Name and Number:			Unit / Suite:	
City:	Province:	Country:	Postal Code:	
Phone:	Fax:	Email:		
<input type="checkbox"/> Director	<input type="checkbox"/> Officer	Title of Office <i>(if applicable)</i> :		
2.d) Shareholder #4				
Registrant Name <i>(as it appears on Public Register)</i> :			Registration Number:	
Business Address Street Name and Number:			Unit / Suite:	
City:	Province:	Country:	Postal Code:	
Phone:	Fax:	Email:		
<input type="checkbox"/> Director	<input type="checkbox"/> Officer	Title of Office <i>(if applicable)</i> :		



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2.e) Shareholder #5			
Registrant Name <i>(as it appears on Public Register)</i> :		Registration Number:	
Business Address Street Name and Number:			Unit / Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	
<input type="checkbox"/> Director	<input type="checkbox"/> Officer	Title of Office <i>(if applicable)</i> :	
2.f) Shareholder #6			
Registrant Name <i>(as it appears on Public Register)</i> :		Registration Number:	
Business Address Street Name and Number:			Unit / Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	
<input type="checkbox"/> Director	<input type="checkbox"/> Officer	Title of Office <i>(if applicable)</i> :	

SECTION 3: PROFESSIONAL ACTIVITIES
<b>Provide a brief description of the activities that the health profession corporation plans to carry out:</b>
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#### SECTION 4: REGISTRANTS PRACTISING ON BEHALF OF THE CORPORATION

The following Registrants will be practising on behalf of the corporation, as of the date of the application submission:

Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:
Registrant Name:	Registration Number:

#### SECTION 5: DECLARATION OF THE DIRECTOR

**Declaration of the Director of the Health Profession Corporation**

I, \_\_\_\_\_, a director of \_\_\_\_\_,  
(Print Full Name of Director) (Print Name of Health Profession Corporation)

hereby certify that the following statements are true:

I am a Registrant of the College of Homeopaths of Ontario and my Certificate of Registration is not currently revoked or suspended.

The corporation noted in this Application for Certificate of Authorization is incorporated and is in compliance with the *Business Corporations Act of Ontario*.

The corporation does not plan to carry on, and will not carry on, any business that is not the practice of homeopathy or an activity related or ancillary to the practice of homeopathy.

There has been no change in the status of the corporation since the date of the Corporation Profile Report enclosed with this Application for Certificate of Authorization.

I have personal knowledge of the declarations contained in this Application for Certificate of Authorization, and the information contained herein is complete, accurate, and true, to the best of my knowledge.

\_\_\_\_\_  
*Signature of Director*

\_\_\_\_\_  
*Date of Signature*



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## CHECKLIST

### Submit the following documents:

- Application for Certificate of Authorization of a Health Profession Corporation (this form), signed by the director
- Shareholder Undertaking for a Professional Corporation (completed by each shareholder of the corporation, including all directors)
- A copy of the Corporation Profile Report issued by the *Ministry of Government and Consumer Services*, that is dated no more than 30 days before the date this application is submitted
- A copy of the Certificate of Incorporation of the corporation issued by the *Ministry of Government and Consumer Services*
- A copy of every Certificate of the Corporation that has been endorsed under the *Business Corporations Act of Ontario*, as of the day this application is submitted
- A copy of the Articles of Incorporation of the corporation
- Application fee payment of **\$200 + HST** (non-refundable)

**Please Note:** Your application for a Certificate of Authorization will be processed when all documents have been received. When the corporation has been approved, the director will be required to submit payment of **\$900 + HST** for a Certificate of Authorization. Completing this application form for a health profession corporation and submitting your documents does not imply, in any manner, that it is authorized by the College. The health profession corporation is not formally authorized until the director of the corporation has received written confirmation and a Certificate of Authorization from the College.