

Registration Checklist Private Practice

Questions? Send all queries BY EMAIL ONLY to infocptnb@nb.aibn.com

Print name: _____

Excerpt - Regulation 5: Permissible Forms of Practice and Ownership

No member shall practise physiotherapy in the employ or as a partner of any other person or as an officer, director, shareholder or employee of any corporation which person, partnership or corporation offers, by itself or on behalf of the member, physiotherapy services to the general public unless such other person is a member of the College or such corporation is registered under the Act or is a: public hospital; any health or educational facility operated by the Government of New Brunswick or Canada; or a not for profit or charitable institution.

You must enclose a copy of this checklist with your application

1. Private Practice Registry (PPR) application form

- All required information provided on the form
- Your signature and date has been added to the form
- The original copy is enclosed

2. Correct Fee payment is enclosed and made by:

- Cheque **OR**
- Money order

3. Additionally, if filing as a Professional Corporation (PC):

- Incorporation papers are enclosed as listed in Regulations - Schedule C**

COLLEGE OF PHYSIOTHERAPISTS NEW BRUNSWICK

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**APPLICATION
NEW PRIVATE PHYSIOTHERAPY PRACTICE**

**PROFESSIONAL CORPORATIONS - See Physiotherapy Act, S. 19 and Regulation 5(1)
and enclose all items in Schedule C (Regulations)**

2017 FEE = \$500. (Prof. Corp.) ■ \$100. (All other Private Practices)
(subject to change without notice)

Make cheque/money order payable to the College of Physiotherapists of N.B.
Add \$25. for each branch, if any, in addition to MAIN clinic

.....PRINT OR TYPE ONLY.....

Principle Business Name _____

*If you provide services for payment without use of a separate business name, list **your name**.*

LOCATION/FACILITY Address (for public distribution/reference)

_____ Postal Code _____ - _____

Tel 1 () _____ - _____ (2) _____ - _____ Fax: _____ - _____

Preferred Mailing Address if different from above (for CPTNB records):

_____ Postal Code _____ - _____

CHECK below if you wish CPTNB to list e-mail(s) below in the public directory.
If not checked, CPTNB will retain them for our internal purposes only.

E-mail(1)	→ Yes <input type="checkbox"/> include in public directory
E-mail(2)	→ Yes <input type="checkbox"/> include in public directory

List all other **physiotherapy business names/services and addresses** from **same or different locations** (Attach extra page if needed)

OTHER PHYSIOTHERAPY LOCATIONS/FACILITIES – SAME OWNER(S) (for public distribution/reference)

NAME: _____

Address: _____ Postal Code _____ - _____

Tel 1 () _____ - _____ (2) _____ - _____ Fax: _____ - _____

E-mail	→ Yes <input type="checkbox"/> include in public directory
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Names and CPTNB Reg Nos of all non-owner physiotherapists working for any of the above businesses:

Names & CPTNB Reg # of all owners: _____ / _____

Authorized PT (owner)

Print Name: _____ **CPTNB Reg #** _____

Signature: _____ **Date:** _____, 20____.

On behalf of all owners/partners

CPTNB REGULATIONS

Schedule “C”

In addition to the registration form an applicant for registration as a **Professional Corporation** must file the following items in order to satisfy requirements of registration:

1. Name of applicant corporation
2. Jurisdiction of incorporation
3. Address of registered office
4. Name of member appointed to represent the corporation
5. The following documents must accompany the application:
 - (a) A notarized copy of all articles of incorporation, articles of continuance and other charter documents of the corporation;
 - (b) A notarized copy of the most recent Notice of Directors and Notice of Registered Office required to be filed under the *Business Corporations Act* or equivalent documents under the laws of the incorporating jurisdiction;
 - (c) A Certificate of Status (for annual renewals, not applicable to new incorporations) signed by the Director of the New Brunswick Corporations Branch in respect of the corporation;
 - (d) A letter appointing a member to represent the corporation;
 - (e) A list of the names, residential and business addresses and telephone numbers of all shareholders of the corporation, together with a statement of the number and classes of shares owned by each, and, where the beneficial owner is different from the registered owner (as where the shares are held in trust), details with respect to both;
 - (f) A list of the names, residential and business addresses and telephone numbers of all officers (President, Vice-President, Secretary-Treasurer, etc.) of the corporation and all other directors of the corporation;
 - (g) A list of the names and addresses of members of the College who will be practising physiotherapy on behalf of the corporation;
 - (h) A certified copy of a resolution of the Council of directors of the corporation authorizing the making of this application; and
 - (i) A statement signed by all shareholders, officers and directors certifying that they and the corporation have complied with and agree to be bound by all of the requirements of the *Act*, Regulations and Rules ■