

Registration Checklist for Professional Corporation (PC)

Send all questions to info@cptnb.ca.

Corporation name (please print): _____

Regulation 5(1): 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: (a) public hospital; (b) any health or educational facility operated by the Government of New Brunswick or Canada; or (c) a not for profit or charitable institution.

Physiotherapy Act 18(3):

A corporation may be permitted to practise physiotherapy as provided under Section 19.

Per Section 19 of the Physiotherapy Act, only **Professional Corporations** may practise physiotherapy and be registered as corporations with CPTNB.

You must enclose a copy of this checklist with your application.

1. The application form must be:

- Completed in full
- Signed and dated
- E-mailed to the College at info@cptnb.ca.

2. Professional Corporation (PC) filing:

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

3. Send fee payment by:

- Mail cheque/money order
- E-mail Interac e-transfer to info@cptnb.ca

NEW PRIVATE PHYSIOTHERAPY PRACTICE APPLICATION

Professional Corporations FEE = \$500.
 Add \$25 fee for each branch of main clinic, if applicable.

Please note that fees are subject to change without notice.

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

Make cheque or money order payable to the *College of Physiotherapists of NB*

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

Principal Business Name as on Corporate Affairs Certificate:

Location/Facility Address (for public distribution):

_____ Postal Code: _____ - _____

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

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

_____ Postal Code: _____ - _____

Check YES below if you wish CPTNB to list your e-mail address(es) in the public directory:

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

List and enclose Corporate Affairs certificates for all other **physiotherapy business names/services and addresses from same or different locations**. Attach extra page if needed.

Other Physiotherapy Locations/Facilities with Same Owner(s) (for public distribution):

Name: _____

Address: _____ Postal Code: _____ - _____

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

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

Names and 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 ■