

COLLEGE OF OPTOMETRISTS OF ONTARIO

**APPLICATION FOR A
REVISED
CERTIFICATE OF AUTHORIZATION
FOR
AN OPTOMETRY PROFESSIONAL CORPORATION**

NOTE: As of June 4, 2009, information in all fields marked with an asterisk will be publicly available on the College Register at www.collegeoptom.on.ca. If you use your home address as your corporation address it will be publicly available on the College Register.

Date of submission of a revised application: _____/_____/_____
date/ month/ year

Original Corporation Name: _____ Optometry Professional Corporation.

Original Corporation Number: _____

Revised Name of Corporation:*

_____ **Optometry Professional Corporation.**

(N.B. The name of the corporation must comply with the requirements of s.1 of Ontario Regulation 39/02)

Corporation Number: _____

Has the *registered address of this corporation changed?

Yes _____ **No** _____

New Address:

(If using home address & telephone number, this information is available to the public and will be published)

Phone: _____ E-Mail: _____

This application must be accompanied by amended articles of incorporation.

Shareholder Change: Yes _____ No _____

Shareholders: (Note: all directors and officers must be shareholders of the corporation.) The names of all of the directors and officers of the corporation as of the date of submission of this application are:

| Full Name of all Shareholders | College Registration # | Title of Officer or Director |
|-------------------------------|------------------------|------------------------------|
| | | |
| | | |
| | | |

If a shareholder has been added, this application must be accompanied by an **UNDERTAKING FOR PROFESSIONAL CORPORATIONS** form dated and signed by each new shareholder of the Corporation.

Shareholder Removed: Yes _____ No _____

| Full Name of all Shareholders Removed | College Registration # | Title of Officer or Director |
|--|------------------------|------------------------------|
| | | |
| | | |

I, _____, a member of the College of Optometrists of Ontario and a director of the corporation, am applying on behalf of the above corporation for a Revised Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

- 1) **Membership:** I am a member in good standing of the College of Optometrists of Ontario.
- 2) **Incorporation:** The Corporation is incorporated under the *Business Corporations Act of Ontario*.

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 signature

Date

(Print name) _____

Registration # _____

COLLEGE OF OPTOMETRISTS OF ONTARIO

UNDERTAKING
FOR
PROFESSIONAL CORPORATIONS

(A copy of this form must be completed by each shareholder.)

I, _____, being a shareholder of
_____ Optometry Professional Corporation do undertake as follows:

- (1) I will 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 will ensure that the corporation does not breach any provision of the Code of Conduct for corporations that may be published by the College from time to time.
- (3) I will 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 will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Optometry Act* and its regulations, and by-laws of the College.
- (5) I will 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 will ensure that the College is notified of any changes to the name, articles of incorporation or practice locations of the corporation as soon as they occur and to any other information provided in the application within the time period required by the by-laws.
- (7) I will ensure that if the corporation practises in a name other than its corporate name, the corporation shall first notify the College of its practice name and shall include its corporate name in all written, electronic, or broadcast communications.

Applicant's signature

Date

(Print name)

Registration # _____

OFFICE USE ONLY

Revised Application is approved

Revised Application is denied

Reasons denied:

Registrar's Signature

Date