



REGISTRATION AND PERMIT APPLICATION
HEALTH PROFESSIONAL CORPORATIONS
NORTHWEST TERRITORIES

The applicant, \_\_\_\_\_, a professional corporation,
(name of professional corporation)

registered as [ ] a corporation in the Northwest Territories / [ ] an extra-territorial corporation

under the Business Corporations Act apply for registration and a permit to practice under section 6 of the
Professional Corporations Act.

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, a Director of the professional corporation, certify that:

(a) the corporation

- [ ] is in good standing with the Registrar of Corporations under the Business Corporations Act;
[ ] meets the requirements of the Governing Body Rules for Health Professions;
[ ] carries adequate professional liability insurance for each of its employees to carry on the
business of the corporation;
[ ] is not prevented by its Articles of Incorporation or by the Business Corporations Act from
providing the professional services that the members are licensed to provide and perform,
which is the practice of \_\_\_\_\_;
[ ] intends to practice in the following communities/locations in the Northwest Territories (if
different from Street Address above): \_\_\_\_\_.

(b) the Directors of the corporation, each of whom is licensed in the NWT, are:

Table with 2 columns: NAME, ADDRESS. Contains 3 empty rows for listing directors.

I confirm that:

- [ ] all voting shares are owned by members who are licensed in the NWT; AND
[ ] all non-voting shares, if any, are owned by licensed members OR a member's spouse,
children, grandchildren or parents.

Voting Shareholders, other than Directors above, are:

PLEASE PRINT

Table with 2 columns: NAME, ADDRESS. Contains 3 empty rows for listing voting shareholders.

Attach separate listing if required.

Non-voting Shareholders, if any, are:

NAME	ADDRESS	RELATIONSHIP TO MEMBER (if applicable)

Attached to this application are:

- a) a copy of Certificate of Incorporation or Certificate of Registration as an Extra-Territorial Corporation under the *Business Corporations Act*;
- b) a copy of the corporation's Articles of Incorporation;
- c) permit fee of \$200 (cheque or money order payable to the G.N.W.T. or completed credit card information below).

**Declaration**

**I authorize** the Registrar, Professional Licensing, or her/his delegate, to investigate and obtain from any person or persons such information as may be required in relation to this application. **I certify** that the statements made by me in this application are true and complete. **I am aware** that misrepresentation or falsification of information may result in rejection of my application or withdrawal of registration and may result in such information being shared with regulatory agencies in other jurisdictions.

Dated at the City of \_\_\_\_\_ in the territory/province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 PROFESSIONAL CORPORATION NAME

\_\_\_\_\_  
 Director's SIGNATURE

\_\_\_\_\_  
 Director's NAME (print)

When complete, forward with attachments to:  <b>Registrar, Health Professional Licensing</b> Department of Health and Social Services Government of the Northwest Territories 8 <sup>th</sup> Floor Centre Square Tower (5022-49 ST) P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9 Telephone: (867) 920-8058	If paying by Visa or MasterCard, complete the following:  Name on Card: _____ Card Number: _____ Card Expiry Date: _____ Amount: <u>  \$200.00  </u>  Authorized Signature: _____
This personal information is being collected under the authority of the <i>Professional Corporations Act</i> of the NWT and will be used to process the Application for Professional Corporation Permit. The information is protected by the privacy provisions of the <i>Access to Information and Protection of Privacy Act</i> of the NWT. If you have any questions about the collection, contact the Registrar's Office at the above address.	