



College of Respiratory  
Therapists of Ontario

Ordre des thérapeutes  
respiratoires de l'Ontario

# ANNUAL RENEWAL of a Certificate of Authorization for a Professional Corporation

Section 5 of Ontario Regulation 39/02 under the *Regulated Health Professions Act* (Certificates of Authorization) allows for the renewal of a Certificate of Authorization where the corporation applies for the renewal and provides certain information and documents to the Registrar. In order to process your Annual Renewal please complete this form and attach documents listed at the end of the application.

Date of submission of renewal application (DD / MM /YY): \_\_\_\_\_

## SECTION A

Corporate Name<sup>1</sup>: \_\_\_\_\_

Corporation Number: \_\_\_\_\_

Certificate of Authorization Number: \_\_\_\_\_

Practice Name (if applicable): \_\_\_\_\_

Corporate Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail: \_\_\_\_\_

## SECTION B

I, \_\_\_\_\_, a member of the College of Respiratory Therapists of Ontario and a director of the corporation, am applying on behalf of the above corporation for renewal of the Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

- 1) **Membership:** I am a member of the College of Respiratory Therapists of Ontario and my certificate of registration is not currently suspended or revoked.
- 2) **Incorporation:** The Corporation is incorporated under the *Business Corporations Act* of Ontario.
- 3) **Corporation Status:** There has been no change in the status of the Corporation since the date the Corporation Profile Report was issued (must be within previous 30 days of the date of submission of this renewal application).

<sup>1</sup> (N.B. The name of the corporation must comply with the requirements of s.1 of Ontario Regulation 39/02 – see Guide)

- 4) **Shareholders:** The name of each shareholder of the corporation and his or her CRTO registration number, business address, business telephone number, and e-mail as of the date of submission of this renewal application is (use additional pages if necessary):

SHAREHOLDERS INFORMATION:	
Full Name:	CRTO Reg. No.:
Business Address:	
Business Phone:	E-Mail:
Full Name:	CRTO Reg. No.:
Business Address:	
Business Phone:	E-Mail:
Full Name:	CRTO Reg. No.:
Business Address:	
Business Phone:	E-Mail:
Full Name:	CRTO Reg. No.:
Business Address:	
Business Phone:	E-Mail:

- 5) **Directors and Officers:** (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 renewal application are:

DIRECTORS AND OFFICERS INFORMATION:			
Full Name:	Check (✓) if a Director	Check (✓) if an Officer	If Officer - Title of Officer
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

6) **Practice Location(s):** As of the date of submission of this application, the corporation practises in the following location(s), if different from the corporate address, as listed in Section A. The only addresses omitted are residential addresses of clients.

**PRACTICE LOCATION(S):**

Address:

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Phone:

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Address:

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Phone:

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Address:

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Phone:

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7) **Professional Activities:** As indicated in the accompanying declaration, the corporation can not carry on, and can not plan to carry on, any business that is not the practise of the profession governed by the College or activities related to or ancillary to the practice of the profession (Ontario Regulation 39/02 s. 2(1)6.ii)). List in full any activities other than the practise of the profession permitted by the corporation's Articles of Incorporation.

**PROFESSIONAL ACTIVITIES:**

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8) **Members Practising:** Members of CRTO that will practise the profession through the corporation, including shareholders of the corporation, are:

**MEMBERS PRACTISING:**

Full Name:

CRTO Reg. No.:

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Full Name:

CRTO Reg. No.:

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Full Name:

CRTO Reg. No.:

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Full Name:

CRTO Reg. No.:

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**9) Supporting Documentation:** The application includes the following documents:

- Signed Annual Renewal Form including Undertaking forms signed by all shareholders (section C)
- Fee of \$500.00.
- Declaration (section D) by a director of the corporation signed no more than 15 days before this application is submitted.
- Corporation Profile Report from the Ministry of Government and Consumer Services or by a service provider which is under contract with the Ministry of Government and Consumer Services issued not more than 30 days before the day it is submitted to the Registrar.
- If changes have been made, a copy of the amended Articles of Incorporation.
- If applicable, a copy of every certificate of the corporation that has been endorsed under the *Business Corporations Act* since the corporation's most recent application for a certificate of authorization or for renewal of its certificate of authorization.

**10) 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 No.

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**SUBMITTING APPLICATION**

**MAIL: CRTO,  
180 Dundas St. W. Suite 2103  
Toronto, ON M5G 1Z8**

**FAX: 416-591-7890**

**QUESTIONS: t: 416-591-7800 or toll free 1-800-261-0528, e: [questions@crto.on.ca](mailto:questions@crto.on.ca)  
web [www.crto.on.ca](http://www.crto.on.ca)**



## SECTION C

### UNDERTAKING FOR PROFESSIONAL CORPORATIONS

(Each shareholder of the corporation must sign this form)

I \_\_\_\_\_, holding College registration number \_\_\_\_\_,

am a shareholder of \_\_\_\_\_

and 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 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*.
- (3) I will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Respiratory Therapy Act* and its regulations, and by-laws of the College.
- (4) 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.
- (5) 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.
- (6) 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.
- (7) I understand that failure to comply with this undertaking may constitute professional misconduct as defined in the Professional Misconduct Regulation.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
Registration No.

## SECTION D

### DECLARATION

I, \_\_\_\_\_, holding College registration number \_\_\_\_\_,  
am a director of \_\_\_\_\_,

and do hereby declare the following:

- i. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this Declaration is signed,
- ii. that the Corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession,
- iii. that there has been no change in the status of the Corporation since the date of the Corporation Profile Report enclosed with the application for a Certificate of Authorization that accompanies this declaration, and
- iv. that the information contained in the renewal application for a Certificate of Authorization that accompanies this statutory declaration is complete and accurate as of the day this declaration is signed.

and I make this declaration conscientiously believing it to be true.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
Date