

**APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR A HEALTH PROFESSION CORPORATION  
(INITIAL REGISTRATION & RENEWAL APPLICATION)**

**INSTRUCTIONS**

Please be sure to answer all of the questions so that we can process your application.

The \$200.00, non-refundable, application fee must accompany the application form. The fee may be paid by cheque, money order, credit card payment (Visa or MasterCard only), or debit Visa.

Certificate renewals must be completed by March 31 annually.

**Instructions**

Before submitting your application form, please ensure that the following criteria have been met:

1. A Director, who must be a registrant of the College and authorized to sign on behalf of the Corporation, has signed the application.
2. You have obtained all required certificates and copies of documents (see checklist).
3. A Director (must be a registrant of the College) has signed the declaration in Form D. Please make as many copies of this form as are required.
4. Each shareholder (must be a registrant of the College) has signed the required undertaking (Form C). Please make as many copies of this form as are required.
5. If more space is required in completing the Application Form, you have attached additional pages appropriately labelled.

**DOCUMENT CHECKLIST**

The application for a Certificate of Authorization for a Health Profession Corporation is considered incomplete without the following enclosures:

1.  Signed application form completed by the same Director who signed the declaration (Form D).
2.  Fee of \$200.00
3.  A copy of a corporation profile report of the corporation issued by the Ministry of Government and Consumer Services or a service provider contracted by the Ministry of Government and Consumer Services not more than 30 days before the application is submitted to the Registrar which indicates that the corporation is active.
4.  **(INITIAL APPLICATION)** A copy of the Certificate of Incorporation issued by the Ministry of Government and Consumer Services.
5.  A copy of every certificate of the corporation which has been endorsed under the *Business Corporations Act* as of the day the application is submitted, or, since the corporation's most recent application for a certificate of authorization or for renewal of its certificate of authorization.
6.  A declaration (Form D) signed by a Director of the Corporation not more than 15 days before the application is submitted to the Registrar.
7.  Undertaking (Form C) completed by each shareholder of the Corporation.

**A \$35.00 fee will be charged for reviewing and returning incomplete application forms.**



**COLLEGE OF MASSAGE THERAPISTS OF ONTARIO  
APPLICATION FOR A CERTIFICATE OF AUTHORIZATION (INITIAL REGISTRATION OR RENEWAL)  
FOR A PROFESSIONAL CORPORATION**

Date of submission of application: \_\_\_\_/\_\_\_\_/\_\_\_\_/  
day/ month/ year

**Please check one:**  
A). Initial Application                       B). Renewal Application   
Certificate of Authorization # \_\_\_\_\_

**Section A**

Corporate Name: \_\_\_\_\_

Corporation # \_\_\_\_\_

(The name of the corporation must comply with the requirements of s.1 of Ontario 39/02 – see *Guide*)

Practice Name & Business ID # (if applicable): \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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

**Section B**

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

- 1) **Registrantship:** I am a registrant of the College of Massage 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 (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 application).



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

Full Name	College Registration #	Business Address	Business Telephone No.	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 application are:

Full Name (as above)	Check off if a Director	Check off if an Officer	Give Title of Office if an Officer (i.e. President, Secretary, etc.)



**6) Practice Location(s):**

As of the date of submission of this application, the corporation practices 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. Please write N/A if this section is not applicable.

Address	Telephone Number

**7) Professional Activities:**

As indicated in the accompanying declaration, the corporation cannot carry on, and cannot plan to carry on, any business that is not the practice of Massage Therapy as governed by the College or activities related to or ancillary to the practice of Massage Therapy (Regulation 39/02 2.(1) 6.ii). List in full any related or ancillary activities permitted under the corporation's Articles of Incorporation.


8) **Registrants Practicing:** Registrants of the College of Massage Therapists of Ontario who will practice the profession for the corporation, including shareholders and employees of the corporation, are:

Full Name	College registration #

9) **Supporting Documentation:**

The application includes the following documents:

- Signed application form
- Fee of \$200.00
- Undertakings signed by each shareholder of the corporation.
- A declaration by the director of the corporation that signed the application; signed no more than 15 days before this application is submitted.
- A copy of a corporation profile report issued by the Ministry of Government and Consumer Services or a service provider contracted by the Ministry of Government and Consumer Services issued not more than 30 days before this application is submitted.
- A copy of the Certificate of Incorporation (including the Articles of Incorporation) [not necessary for applications to renew a certificate of authorization unless the articles have been amended]
- A copy of every certificate of the corporation that has been endorsed under the *Business Corporations Act* as of the date this application is submitted that have not been provided previously (if applicable).



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.

11) **Personal information:** I acknowledge that the personal information provided on this form is used by the College to administer the *Regulated Health Professions Act, 1991*, the *Massage Therapy Act, 1991*, the Regulations, the By-laws, the policies, the Standards of Practice, and for research and other projects related to the governance of Massage Therapists and is collected, used, and disclosed in accordance with the College Privacy Code.

I hereby certify that all statements I have made in all parts of this application/renewal form are true and complete. Please note that signing a document that you know provides false or misleading information is considered professional misconduct and may result in disciplinary action by the College.

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

\_\_\_\_\_  
(print name) Registration # \_\_\_\_\_

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**OFFICE USE ONLY**

- Application is approved
- Application is denied

Reasons denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registrar's signature Date



**Section C: Shareholder Undertaking**

**UNDERTAKING FOR  
PROFESSIONAL CORPORATIONS**

**(Each shareholder of the corporation must provide this undertaking)**

I \_\_\_\_\_, holding College registration number \_\_\_\_\_, am a shareholder of \_\_\_\_\_ and do undertake as follows:

- (1) I shall 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 shall 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 shall ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Massage Therapy Act* and its Regulations, and the By-laws of the College.
- (4) I shall 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 shall ensure that the College is notified of any changes to the name, Certificate of Incorporation or practice locations of the corporation as soon as they occur and to any other information provided in the application within fourteen days as required by the College's By-law No. 8.
- (6) I shall ensure that if the corporation practises in a name other than its corporate name, the corporation shall register such name, and shall immediately 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 # \_\_\_\_\_



**Section D: Director's Declaration**

**DECLARATION FOR PROFESSIONAL CORPORATIONS**

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* (see wording in Guide) including the regulations made under Section 3.2 as of the date this declaration is executed,
- ii. that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of Massage Therapy as governed by the College or activities related to or ancillary to the practice of Massage Therapy,
- 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 application for a Certificate of Authorization that accompanies this declaration is complete and accurate as of the day this declaration is executed.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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

\_\_\_\_\_  
Date





College of  
Massage  
Therapists of  
Ontario

## College of Massage Therapists of Ontario

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Phone 416.489.2626 | Toll-free (Ontario) 800.465.1933

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### FEEs

**Certificate of Authorization for Corporation Initial Registration or Renewal fee: \$200.00**

If you are paying by credit card or debit visa, complete this section. To protect the confidentiality of your credit information, credit card information will not be retained after processing. If any credit card information is missing, your application may be delayed and a \$35.00 fee will be applied.

Visa  Debit Visa  MasterCard  Amount authorized: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date on card: \_\_\_\_\_

Security Code (3 digit number on back of card): \_\_\_\_\_

Name on card – PLEASE PRINT: \_\_\_\_\_

Signature (of cardholder): \_\_\_\_\_

**Name** (please print) \_\_\_\_\_

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