

INSTRUCTIONS AND CHECKLIST

INSTRUCTIONS

A certificate of authorization for a professional corporation must be renewed annually, on or before **March 10th**. This annual renewal form must be completed in full, signed, and dated in order to be processed. Incomplete forms will not be considered.

The fee to renew a Certificate of Authorization is **\$512.90** (includes HST).

Step 1: Complete the Annual Renewal Form

Step 2: Complete the Undertaking for Annual Renewal

Every shareholder of the corporation must sign the undertaking not more than **30 days** before the application is submitted to the College.

Step 3: Complete the Declaration for Annual Renewal

A director of the corporation must sign the declaration not more than **30 days** before the application is submitted to the College.

Step 4: Enclose Corporation Profile Report

Enclose a copy of a corporation profile report, issued by the Ministry of Public and Business Service Delivery and Procurement or by a service provider which is under contract with the Ministry of Public and Business Service Delivery and Procurement that is dated not more than **30 days** before the application is received by the College and that indicates that the corporation is active. To order a Corporation Profile Report online, go to the websites of any of the following service providers for the Ministry:

- OnCorpDirect Inc. www.oncorp.com
- eservicecorp www.eservicecorp.ca

Or contact the Ministry directly at: **Ministry of Public and Business Service Delivery and Procurement**, 777 Bay Street, 5th Floor Toronto, Ontario M7A 2J3

Step 5: Enclose Other Certificates (if any)

If, in the past year, the corporation has changed its name, amended its articles, or made any other changes requiring an endorsed certificate under the *Business Corporation Act*, a copy of this certificate must be submitted.

Step 6: Enclose Payment

Payment of the non-refundable annual renewal fee of \$512.90 (includes HST) must be made by credit card (see Section E), cheque, or money order and be made payable to the Ontario College of Pharmacists.

Step 7: Submit Annual Renewal Form to the College

You may submit your completed annual renewal form to the College by scanning and emailing the application form and all supporting documentation to the attention of Pharmacy Applications & Renewals at pharmacyapplications@ocpinfo.com or by fax to 416-847-8399, or by mail to: Ontario College of Pharmacists, Pharmacy Applications & Renewals, 483 Huron Street, Toronto, ON M5R 2R4.

CHECKLIST

- 1. Completed Annual Renewal Form
- 2. Undertaking to the Registrar signed by every shareholder of the corporation no more than 30 days before this renewal form is submitted.
- 3. Declaration of a director of the corporation signed no more than 30 days before this renewal form is submitted.
- 4. Copy of a corporation profile report issued by the Ministry of Public and Business Service Delivery and Procurement or by a service provided which is under contract with the Ministry of Public and Business Service Delivery and Procurement that is dated no more than 30 days before this renewal form is submitted.
- 5. Copy of every certificate of the corporation that has been endorsed under the Business Corporations Act since the issuance or most recent annual renewal of the corporation's certificate of authorization. This is required **ONLY** if the corporation has made any changes; e.g, articles of amendment to change the corporation's name.
- 6. Annual renewal fee of \$512.90 (includes HST) payable to the Ontario College of Pharmacists. (This fee is non-refundable and payable by credit card, cheque or money order)

ANNUAL RENEWAL FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

SECTION A

1) _____
DATE OF ANNUAL RENEWAL APPLICATION

2) _____
NAME OF HEALTH PROFESSION CORPORATION
THE NAME OF THE CORPORATION MUST COMPLY WITH THE REQUIREMENTS OF SECTION 1 OF ONTARIO REGULATION 39/02 OF THE REGULATED HEALTH PROFESSIONS ACT, 1991

3) _____
CERTIFICATE OF AUTHORIZATION NUMBER
PLEASE REFER TO YOUR CURRENT CERTIFICATE OF AUTHORIZATION

4) CORPORATION ADDRESS

_____ STREET		_____ SUITE
_____ CITY	_____ PROVINCE	_____ POSTAL CODE
_____ E-MAIL	_____ TEL	_____ FAX

SECTION B

5) **SHAREHOLDERS:** LIST THE NAME OF EACH SHAREHOLDER OF THE CORPORATION AS OF THE DATE THE ANNUAL RENEAL APPLICATION IS SUBMITTED (must be a registrant of the College) AND HIS/HER BUSINESS ADDRESS, BUSSINESS TELEPHONE NUMBER AND REGISTRATION NUMBER WITH THE COLLEGE AS OF THAT DAY.

1	_____ LAST NAME	_____ FIRST NAME	_____ OCP REGISTRATION No.
	_____ BUSINESS ADDRESS (STREET)		_____ SUITE
	_____ CITY	_____ PROVINCE	_____ POSTAL CODE
	_____ E-MAIL	_____ TEL	_____ FAX

2	_____ LAST NAME	_____ FIRST NAME	_____ OCP REGISTRATION No.
	_____ BUSINESS ADDRESS (STREET)		_____ SUITE
	_____ CITY	_____ PROVINCE	_____ POSTAL CODE
	_____ E-MAIL	_____ TEL	_____ FAX



ANNUAL RENEWAL FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

3	_____	_____	_____
	LAST NAME	FIRST NAME	OCP REGISTRATION No.
	_____		_____
	BUSINESS ADDRESS (STREET)		SUITE
	_____	_____	_____
	CITY	PROVINCE	POSTAL CODE
	_____	_____	_____
	E-MAIL	TEL	FAX

4	_____	_____	_____
	LAST NAME	FIRST NAME	OCP REGISTRATION No.
	_____		_____
	BUSINESS ADDRESS (STREET)		SUITE
	_____	_____	_____
	CITY	PROVINCE	POSTAL CODE
	_____	_____	_____
	E-MAIL	TEL	FAX

6) DIRECTORS & OFFICERS: LIST THE NAME OF EACH DIRECTOR OF THE CORPORATION AS OF THE DAY THE ANNUAL RENEAL APPLICATION IS SUBMITTED.

1	_____	_____	_____
	LAST NAME	FIRST NAME	OCP REGISTRATION No.
	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> OFFICER	TITLE(S) OF OFFICER: _____

2	_____	_____	_____
	LAST NAME	FIRST NAME	OCP REGISTRATION No.
	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> OFFICER	TITLE(S) OF OFFICER: _____

3	_____	_____	_____
	LAST NAME	FIRST NAME	OCP REGISTRATION No.
	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> OFFICER	TITLE(S) OF OFFICER: _____

4	_____	_____	_____
	LAST NAME	FIRST NAME	OCP REGISTRATION No.
	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> OFFICER	TITLE(S) OF OFFICER: _____

ANNUAL RENEWAL FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

7) PRACTICE LOCATION(S): LIST THE ADDRESS OF EVERY LOCATION WHERE THE CORPORATION PRACTISES (IF DIFFERENT THAN THE CORPORATE ADDRESS).

1	PRACTICE ADDRESS (STREET)		SUITE
	CITY	PROVINCE	POSTAL CODE
	E-MAIL	TEL	FAX
	PRACTICE ADDRESS (STREET)		SUITE
2	CITY	PROVINCE	POSTAL CODE
	E-MAIL	TEL	FAX
	PRACTICE ADDRESS (STREET)		SUITE
	CITY	PROVINCE	POSTAL CODE
3	E-MAIL	TEL	FAX
	PRACTICE ADDRESS (STREET)		SUITE
	CITY	PROVINCE	POSTAL CODE
	E-MAIL	TEL	FAX
4	PRACTICE ADDRESS (STREET)		SUITE
	CITY	PROVINCE	POSTAL CODE
	E-MAIL	TEL	FAX
	PRACTICE ADDRESS (STREET)		SUITE

ANNUAL RENEWAL FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

SECTION C

UNDERTAKING TO THE REGISTRAR FOR PROFESSIONAL CORPORATIONS

TO BE EXECUTED BY EACH SHAREHOLDER OF THE CORPORATION

I, _____, undertake as follows:
NAME OF SHAREHOLDER

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.
4. I will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the Health Professions Procedural Code, the *Pharmacy 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 its name, articles of incorporation or practice locations of the corporation as soon as they occur.
7. I will ensure that if the professional 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.

SIGNATURE OF SHAREHOLDER

DATE

NAME OF SHAREHOLDER (PLEASE PRINT)

ANNUAL RENEWAL FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

SECTION D

DECLARATION

TO BE EXECUTED BY A DIRECTOR OF THE CORPORATION

I, _____, holding registration number _____, am a director of
NAME OF DIRECTOR OCP REGISTRATION NUMBER

_____, and do hereby declare the following:
NAME OF HEALTH PROFESSION CORPORATION

1. That the corporation is in compliance with section 3.2 of the Business Corporations Act as of the date this declaration is signed.
2. 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 Ontario College of Pharmacists or activities related to or ancillary to the practice of the profession.
3. 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 renewal of a certificate of authorization that accompanies this declaration.
4. That the information contained in the application for renewal of a certificate of authorization that accompanies this declaration is complete and accurate as of the day this declaration is signed.

SIGNATURE OF DIRECTOR

DATE

NAME OF DIRECTOR (PLEASE PRINT)

ANNUAL RENEWAL FOR A CERTIFICATE OF AUTHORIZATION FOR A PROFESSIONAL CORPORATION

SECTION E

ANNUAL RENEWAL FEE PAYMENT

THE FEE TO RENEW A CERTIFICATE OF AUTHORIZATION IS **\$512.90** (INCLUDES HST). PAYMENT CAN BE MADE BY CREDIT CARD, CHEQUE, MONEY ORDER OR BANK DRAFT.

PAYMENT

- I am enclosing a cheque or money order in the amount of **\$512.90** made payable to the Ontario College of Pharmacists
- I authorize the Ontario College of Pharmacists to charge **\$512.90** to the credit card listed below

NAME OF HEALTH PROFESSION CORPORATION

CERTIFICATE OF AUTHORIZATION NUMBER

CREDIT CARD AUTHORIZATION

CARDHOLDER NAME (AS IT APPEARS ON CREDIT CARD)

TEL

EMAIL

VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER
(Please Type) _____

Expiry Date _____

MM YY

CARDHOLDER SIGNATURE

DATE

You may submit your completed annual renewal form to the College by scanning and emailing the application form and all supporting documentation to the attention of Pharmacy Applications & Renewals at pharmacyapplications@ocpinfo.com, or by fax to 416-847-8399, or by mail to: Ontario College of Pharmacists, Pharmacy Applications & Renewals, 483 Huron Street, Toronto, ON M5R 2R4.