

Part I	
Permit Application	
Application for:	Initial Permit for a Health Profession Corporation Renewal Permit for a Health Profession Corporation
Application date:	

The Corporation will engage in the practice of:
Audiology Speech-Language Pathology

Name of Corporation	
Corporation Business Address (including postal code)	
Corporation Mailing Address (if different than above)	
Telephone No.	
Email address	

PRESIDENT	
Name of President	
Address	

Directors

Name of Director(s)	Address

Voting Shareholders

Name of Voting Shareholder(s)	Address	No. and Class of Shares

Non-Voting Shareholders

Name of Non-Voting Shareholder(s) and relationship	Address	No. and Class of Shares

Declarations

As per the information provided above, the Corporation declares that:		Yes	No
1.	The Corporation is incorporated, formed by amalgamation, or continued under <i>The Corporations Act</i> of Manitoba.		
2.	The Corporation is an existing corporation and is in good standing under <i>The Corporations Act of Manitoba</i> .		
3.	Each voting share of the Corporation is legally and beneficially owned by one or more of the following: a) Regulated registrants; or b) Health Profession Corporation established for the purpose of carrying on the practice of the same regulated profession.		
4.	Each other share in the capital stock of the Corporation is legally and beneficially owned by: a) A person who is a voting shareholder of the Corporation; b) A spouse, common-law partner, or child, within the meaning of <i>The Income Tax Act (Canada)</i> , of a voting shareholder of the Corporation, or c) A Corporation each share of the capital stock of which is legally and beneficially owned by a person who is referred to in sub-paragraphs (a) or (b)		
5.	Each director of the Corporation is a regulated registrant of the College.		
6.	The President of the Corporation is a regulated registrant of the College.		
7.	Each person through whom the Corporation will be carrying on the Practice of the Health Profession Corporation is a regulated registrant of the College.		
8.	The Corporation must not carry on any business or activity other than the Practice of the health profession and the provision of services directly associated with that practice. However, this restriction does not prohibit the Health Profession Corporation from investing its own funds in real property, other than for development purposes, or in stocks, mutual funds, debt obligations, insurance, term deposits, or similar investments.		
9.	The Corporation and those responsible for its reporting understand that the RHPA and By-Laws of the College require the Corporation to inform the Registrar, in writing, of any changes in the particulars set out in this form.		
10.	As officer of the Corporation, I have personal knowledge of the declarations contained in this application form and of the information I have added in completing the form, and I declare that the declarations and information are true, accurate and complete.		

Declarations (continued)

		Yes	No
11.	Enclosed with this application are:		
	A copy of all Articles of Incorporation, Articles of Amendment, Articles of Continuance, Articles of Amalgamation, or like Articles.		
	A copy of the current certificate of status issued under <i>The Corporations Act</i> .		
	A copy of the most recent annual report filed under <i>The Corporations Act</i> .		

Name of Officer	
Signature of Officer	
Date	
By typing your name here, you agree your electronic signature is the legal equivalent of your manual signature on this document.	

**Part II
 Corporation Certification**

The Corporation will, while it holds a valid permit issued by the College of Audiologists and Speech-Language Pathologists of Manitoba, comply with every provision of the *Regulated Health Professions Act, Regulations, By-Laws, and Code of Ethics* which apply to it.

Name of Corporation	
Name of Officer (print)	
Signature of Officer	
Date	
By typing your name here, you agree your electronic signature is the legal equivalent of your manual signature on this document.	

**Part III
Change in Particulars**

This form is to be used by a Health Profession Corporation holding a valid permit when information in the particulars in the Corporation's initial application or renewal has changed.

Name of Corporation	
Name of Officer	
Business Address	
Mailing Address (if different than above)	
Email Address	
Telephone Number	
President Name	
President Address	
Effective Date of Change	

Change in Directors

Name	Address	Date Ceased

Change in Directors (continued)

Name	Address	Effective Date of Directorship

Change in Voting Shareholders

Name	Address	Date Ceased

Name	Address	Effective Date of New Voting Shareholder

Change in Non-Voting Shareholders

Name	Address	Date Ceased

Change in Non-Voting Shareholders (continued)

Name	Address	Effective Date of New Non-Voting Shareholder

Change in Practicing Registrants

Name	Address	Date Ceased

Name	Address	Effective Date of New Registrant

Name of Corporation	
Name of Officer	
Signature of Officer	
Date	

By typing your name here, you agree your electronic signature is the legal equivalent of your manual signature on this document.