

## Dental Hygiene Corporation Permit Application

### PERSONAL INFORMATION

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Corporation Name \_\_\_\_\_

Home Address No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Address No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### REGISTRATION WITH THE BC COLLEGE OF ORAL HEALTH PROFESSIONALS

I am a dental hygiene practitioner registrant  
of the British Columbia College of Oral Health Professionals Registration # \_\_\_\_\_

All employees of my corporation who will be providing dental hygiene services are registered with the  
British Columbia College of Oral Health Professionals, and are either

- dental hygiene practitioner registrants, or
- dental hygienist registrants who will be under the supervision of a dental hygiene practitioner registrant.

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

**CERTIFICATE OF INCORPORATION**

I have attached a true copy of my corporation’s certificate of incorporation and/or other corporate documentation required under section 14.04 (1) (B) (iv) of the College’s bylaws (i.e. any filed transition application, certificate of amalgamation, certificate of continuation, certificate of change of name, or certificate of restoration under the *Business Corporations Act*).

**The certificate of incorporation (or other corporate documentation) has been notarized by a notary public.**

**LIABILITY INSURANCE**

My corporation has **Commercial General Liability** insurance in the amount of \$1 million per occurrence and a **copy of the insurance policy is attached.**

My corporation has liability insurance (negligence) in the amount of \$1 million per occurrence for **each** of its registrant employees and **copies of the policies are attached.**

**VOTING SHARES**

All voting shares of my corporation are legally and beneficially owned by:

- ☐ Myself and/or other dental hygiene practitioner registrants of the British Columbia College of Oral Health Professionals; and/or
- ☐ Holding companies incorporated or recognized under the *Business Corporations Act*, all the voting shares of which are legally and beneficially owned by dental hygiene practitioner registrants, and all the non-voting shares of which are legally and beneficially owned by
  - ☐ registrants of the British Columbia College of Oral Health Professionals,
  - ☐ the spouse, children, parents, siblings, or other relatives of a shareholding registrant, or
  - ☐ persons who reside with a shareholding registrant.

Please list the names, addresses and BCCOHP registration numbers of all registrants who are voting shareholders, including voting shareholders of any holding company described above:

Name	Address	Registration #
Name	Address	Registration #
Name	Address	Registration #
Name	Address	Registration #
Name	Address	Registration #
Name	Address	Registration #

**NON-VOTING SHARES**

All non-voting shares of my corporation are legally and beneficially owned by:

- ☐ Myself or other registrants of the British Columbia College of Oral Health Professionals; and/or
- ☐ The spouse, children, parents, or other relatives of a shareholding registrant; and/or
- ☐ Persons who reside with a shareholding registrant; and/or

Holding companies incorporated or recognized under the *Business Corporations Act*, all the shares of which are legally and beneficially owned by

- ☐ registrants of the British Columbia College of Oral Health Professionals,
- ☐ the spouse, children, parents, siblings, or other relatives of a shareholding registrant, or
- ☐ persons who reside with a shareholding registrant;

Or, if any non-voting shares are held in trust, the trustee must be a resident of Canada approved by the College, the trust must be governed by the laws of British Columbia or another Canadian jurisdiction, and all beneficiaries of the trust must be:

- ☐ registrants of the British Columbia College of Oral Health Professionals,
- ☐ the spouse, children, parents, siblings, or other relatives of a shareholding registrant, or
- ☐ persons who reside with a shareholding registrant.

Please list the names, addresses and BCCOHP registration numbers of all registrants (if any) who are non-voting shareholders, including non-voting shareholders of any holding company, voting shareholders of any holding company that owns non-voting shares of the corporation, and beneficiaries of any trust described above:

Name	Address	Registration #
Name	Address	Registration #
Name	Address	Registration #
Name	Address	Registration #
Name	Address	Registration #

Please list the names of all individual non-voting shareholders who are not registrants (if any), their relationship, and where they reside:

Name	Relationship	Residence
Name	Relationship	Residence
Name	Relationship	Residence
Name	Relationship	Residence
Name	Relationship	Residence

## DIRECTORS OF THE CORPORATION

All directors of my corporation are dental hygiene practitioner registrants of the British Columbia College of Oral Health Professionals.

Please list the directors of your corporation, their position, and their BCCOHP registration number.

_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #

## PAYMENT OF FEES

For payment by credit card, use the online system at [www.oralhealthbc.ca](http://www.oralhealthbc.ca). If submitting payment by cheque or money order, payment must accompany your health profession corporation permit application and must be made payable to the BC College of Oral Health Professionals.

☐ My payment in the amount of \$105 has been made online at [www.oralhealthbc.ca](http://www.oralhealthbc.ca)

*Or*

☐ I have attached a cheque or money order in the amount of \$105, in Canadian funds, payable to the British Columbia College of Oral Health Professionals.

## DECLARATION

I hereby make application on behalf of the corporation named herein for a permit to operate as a dental hygiene corporation and carry on the business of providing dental hygiene services to the public, subject to the *Health Professions Act*, and the regulations and bylaws of the British Columbia College of Oral Health Professionals, and declare the following:

- ☐ 1) I have read, understand and will remain at all times in compliance with the *Health Professions Act*, the *Business Corporations Act*, the *Dental Hygienists Regulation* and the Bylaws of the British Columbia College of Oral Health Professionals.
- ☐ 2) I will ensure that the corporation maintains commercial general liability insurance for the entire permit period.
- ☐ 3) I do not know of any reason, condition or circumstance why the corporation should not be granted a dental hygiene corporation permit.
- ☐ 4) All information provided on this form is true and correct.

I certify the above statements to be true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date