

2023/24 HEALTH PROFESSION CORPORATION PERMIT RENEWAL FOR DENTAL HYGIENISTS

Personal Information

Surname _____ **Given Names** _____

Applicant Address

Number & Street _____ City _____
Province _____ Postal Code _____
Home Phone _____ Email Address _____

Corporation Information

Corporation name _____

Business address

Number & Street _____ City _____
Province _____ Postal Code _____
Business Phone _____ Email Address _____

Registration with BC College of Oral Health Professionals

- I am registered in good standing with BCCOHP Registration Number _____
- All registrant employees (employed dental hygienists) of my corporation are registered in good standing with BCCOHP.

Employee Name	Registration Number

Certificate of Incorporation

- My corporation is incorporated under the *Business Corporations Act* and is in good standing under the *Act*. **I have attached a Certificate of Good Standing** issued by the Registrar of Companies.
- My corporation is not in compliance with the *Business Corporation Act* and I have not obtained a certificate of good standing issued by the Registrar of Companies.

Liability Insurance

- I have commercial general liability insurance in the amount of \$1 million per occurrence and a **copy of my insurance policy is attached.**
- I have liability insurance (negligence) in the amount of \$1 million per occurrence for EACH of my registrant employees and **copies of the policies are attached.**

Voting Shares

- There have been no changes to the status of voting shares in my corporation.
OR
- This requirement does not apply to my corporation.
OR
- The following **changes to voting shares** of my corporation have taken place:

Non-Voting Shares

- There have been no changes to the status of voting shares in my corporation.
OR
- This requirement does not apply to my corporation.
OR
- There have been changes to the status of non-voting shares in my corporation. The changes are listed below:

Directors of the Corporation

- All directors of my corporation are registrants in good standing BCCOHP.
AND
- There have been no changes in the directors of my corporation.
OR
- There have been changes to the directors of my corporation. The changes are listed below:

Name	Position	Registration Number

Permit Renewal Fee

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

- My payment in the amount of \$30 has been made online at www.oralhealthbc.ca
OR
 My payment by cheque or money order in the amount of \$30 is attached.

Declaration

I hereby make application subject to the *Health Professions Act*, and the regulations and bylaws of BCCOHP as a health profession corporation, to carry on the business of providing dental hygiene services to the public and declare the following:

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 BCCOHP.

I will ensure that I maintain commercial general liability insurance for the entire permit period.

I do not know of any reason, condition or circumstance why I should not be granted a health profession corporation permit.

All information provided on this form is true and correct.

I make this solemn declaration, conscientiously believing all the above statements to be true and complete.

Signature of Applicant _____ **Date – M/D/Y** _____

Ensure that you have read and signed the declaration, then attach all supporting documentation and include a cheque or pay online before mailing forms to:

BC College of Oral Health Professionals
110 - 1765 8th Ave W
Vancouver, BC V6J 5C6