

DENTURIST APPLICATION FOR APPROVAL OF HEALTH PROFESSION CORPORATION NAME

Name and Contact Information for Applicant

(Applicant must be a full denturist registrant or a limited (grandparented) denturist registrant who is an authorized signing authority for the corporation)

Surname _____ First _____ Middle _____

BCCOHP Registration Number _____

Mailing Address of Applicant _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Business Address of Corporation (if different)

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Name of Corporate Administrator (If not Applicant) _____

BCCOHP Registration Number _____

(Corporate Administrator must be a full denturist registrant or a limited (grandparented) denturist registrant who is responsible for updating the information contained in this application, completing the permit application and any subsequent annual renewal for the corporation permit)

List all practice addresses where the denturist corporation carries on the business of denturism *(If necessary, please attach a separate page to this application)*

Proposed Denturist Corporation Name _____

Name must comply with BCCOHP bylaw 14.05 (3)

Reason for application for denturist corporation name approval

- New denturist corporation
- Change name of existing denturist corporation*

– Name of existing denturist corporation: _____

*Name Change applications require an application fee of C\$50 by cheque or money order.

If applicable, enclose payment.

- Restoration of corporation

- Other (please specify): _____

Names of all denturists who are or will be voting shareholders of the corporation (and the percentage of voting shares owned), or who are or will be voting shareholders of any holding company (as defined under section 40.1 of the *Health Professions Act*) that owns voting shares of the corporation.

Name	BCCOHP Registration Number	Percentage of Voting Shares Owned

Names of all denturists who are or will be non-voting shareholders of the corporation or who are or will be non-voting shareholders of any holding company (as defined under section 40.1 of the *Health Professions Act*) that owns non-voting shares of the corporation. **(If not applicable, please indicate below)**

Name	BCCOHP Registration Number

Privacy and Security

The information you provide here relates to the operations of BCCOHP under the *Health Professions Act* for the purpose of regulating the practice of denturism in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), BCCOHP provides security and confidentiality of your personal information.

I _____ (name of applicant or corporate administrator) have read sections 14.05, 14.07 and 14.08 of the Bylaws of the BC College of Oral Health Professionals, and certify that the proposed denturist corporation name specified herein complies with all applicable requirements under those sections, and that the information contained in this application is true, complete, and accurate.

I also will ensure the Registrar is promptly advised in writing of any change to the information contained in, or in support of, this application.

Signature of Applicant

or Corporate Administrator _____

Date – M/D/Y _____