

## DENTAL HYGIENIST APPLICATION FOR APPROVAL OF HEALTH PROFESSION CORPORATION NAME

### Name and Contact Information for Applicant

*(Applicant must be a dental hygienist practitioner 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 dental hygienist practitioner 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 dental hygiene corporation carries on the business of dental hygiene *(If necessary, please attach a separate page to this application)*

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**Proposed Dental Hygiene Corporation Name** \_\_\_\_\_

*Name must comply with BCCOHP bylaw 14.05(3)*

## Reason for application for dental hygiene corporation name approval

- New dental hygiene corporation
- Change name of existing dental hygiene corporation\*

– Name of existing dental hygiene corporation: \_\_\_\_\_

\*Name Change applications require an application fee of C\$50.

If applicable, please indicate your method of payment by checking the appropriate box:

- By Credit Card – Payment can be made through the single fee payment tab on your registrant profile.
- By Cheque or Money Order – enclosed with application.
- Restoration of corporation
- Other (please specify): \_\_\_\_\_

Names of all dental hygienist practitioners 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 dental hygienist practitioners who are or will be non-voting shareholders of the corporation or who are or will be non-voting shares 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 dental hygiene 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 dental hygiene 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 \_\_\_\_\_