Mailing Address
110 - 1765 8th Ave W
Vancouver, BC V6J 5C6

Phone: 672.202.0448
Toll free: 1.888.202.0448
corporations@oralhealthbc.ca
www.oralhealthbc.ca

BCCOHP | British Columbia College of Oral Health Professionals

APPLICATION FOR HEALTH PROFESSION CORPORATION PERMIT

Name or Proposed Name of Corporation

(Subject to Registrar's approval under section 9.08 of BCCOHP Bylaws)

_____

Has the name or proposed name of the corporation previously been approved by BCCOHP?
(If not, Application for Approval of Health Profession Corporation Name must be enclosed)

☐ Yes ☐ No

_____

Name and Contact Information for Applicant

(Applicant must be an eligible licensee registrant who is an authorized signing authority for the corporation)

Surname _____ First _____ Middle _____

BCCOHP License Number _____

Mailing Address of Applicant _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Name of Corporate Administrator (If not Applicant) _____

BCCOHP License Number _____

(Corporate Administrator must be an eligible licensee who will be responsible for updating the information contained in this application and completing the annual renewal for the dental hygiene corporation permit)

Business Address of Corporation (if different)

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

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

_____

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In support of this application, please attach the following:

- ☐ Certificate of Solicitor
- ☐ Acknowledgement of Shareholder in a form approved by the registrar executed by each eligible licensee who is or will be a voting shareholder of the corporation who is or will be a voting shareholder or of any holding company (as defined under section 59.(1) of the *Health Professions and Occupations Act*) that owns voting shares of the corporation
- ☐ Certified true copy of the certificate of incorporation, filed transition application, certificate of amalgamation, or certificate of continuation, as the case may be, and any certificate of change of name, or certificate of restoration, issued to or filed by the corporation under the *Business Corporations Act*
- ☐ Application for Approval of Health Profession Corporation Name, OR (if applicable) a copy of any approval previously issued by BCCOHP for the name
- ☐ Application fee of C$105 payable to the BC College of Oral Health Professionals once your application has been reviewed, you will receive an email notification to pay the application fee online.

In accordance with BCCOHP bylaw 9.04, permits issued must be renewed annually and are valid from the date of issue until the following March 31. As required by bylaw 9.04, a health profession corporation that fails to renew its permit before the expiration date must pay, in addition to the permit renewal fee, a late fee as set out in the schedule of fees.

Privacy and Security

The information you provide here relates to the operations of BCCOHP under the *Health Professions and Occupations 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) certify that the information contained in and attached to 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 _____

MAKE SURE YOU HAVE SIGNED THIS FORM, INCLUDED SUPPORTING DOCUMENTATION, AND IF PAYING FEE BY CHEQUE OR MONEY ORDER, THAT YOU HAVE ENCLOSED PAYMENT.