

**COLLEGE OF OPTOMETRISTS OF ONTARIO**

**APPLICATION FOR A REVISED CERTIFICATE OF AUTHORIZATION**  
**FOR AN OPTOMETRY PROFESSIONAL CORPORATION**

**NOTE: As of June 4, 2009, information in all fields marked with an asterisk will be publicly available on the College Register at [www.collegeoptom.on.ca](http://www.collegeoptom.on.ca). If you use your home address as your corporation address it will be publicly available on the College Register.**

Date of submission of a revised application: \_\_\_\_\_  
date/month/year

Original Corporation Name: \_\_\_\_\_ Optometry Professional

Corporation. Original Corporation Number: \_\_\_\_\_

**Revised Name of Corporation:\***

\_\_\_\_\_ **Optometry Professional Corporation.**  
(N.B. The name of the corporation must comply with the requirements of s.1 of Ontario Regulation 39/02)

Corporation Number: \_\_\_\_\_

**Has the \*business address of this corporation changed? Yes \_\_\_ No \_\_\_**

New Address:  
\_\_\_\_\_  
\_\_\_\_\_

(If using home address & telephone number, this information is available to the public and will be published)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**This application must be accompanied by amended articles of incorporation.**

**Shareholder Change:** Yes \_\_\_ No \_\_\_

Shareholders: (Note: all directors and officers must be shareholders of the corporation.) The names of all of the directors and officers of the corporation as of the date of submission of this application are:

Full Name of all Shareholders	College Registration #	Title of Officer or Director

If a shareholder has been added, this application must be accompanied by an **UNDERTAKING FOR PROFESSIONAL CORPORATIONS** form dated and signed by each new shareholder of the Corporation.

**Shareholder Removed:** Yes \_\_\_ No \_\_\_

Full Name of all Shareholders Removed	College Registration #	Title of Officer or Director

I, \_\_\_\_\_, a member of the College of Optometrists of Ontario and a director of the corporation, am applying on behalf of the above corporation for a Revised Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

- 1) **Membership:** I am a member in good standing of the College of Optometrists of Ontario.
- 2) **Incorporation:** The Corporation is incorporated under the *Business Corporations Act of Ontario*.

**Accuracy of application:**

I have personal knowledge of the declarations contained in this application and of the information I have added in completing this form, and I declare that the declarations and information are accurate and complete.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

(Print name) \_\_\_\_\_

Registration # \_\_\_\_\_

COLLEGE OF OPTOMETRISTS OF ONTARIO

**UNDERTAKING FOR PROFESSIONAL CORPORATIONS**

(A copy of this form must be completed by each shareholder.)

I, \_\_\_\_\_, being a shareholder of  
\_\_\_\_\_ Optometry Professional Corporation do undertake as follows:

- (1) I will ensure that, in the course of practising the profession, the corporation does not do or fail to do anything that would be professional misconduct if done or failed to be done by myself.
- (2) I will ensure that the corporation does not breach any provision of the Code of Conduct for corporations that may be published by the College from time to time.
- (3) I will ensure that the corporation maintains a valid Certificate of Authorization and does not provide professional or ancillary services while its Certificate of Authorization is under suspension or revoked or when it does not satisfy the requirements for a professional corporation under subsection 3.2(2) of the *Business Corporations Act*.
- (4) I will ensure that the corporation complies with the *Regulated Health Professions Act* and its regulations, the *Health Professions Procedural Code*, the *Optometry Act* and its regulations, and by-laws of the College.
- (5) I will ensure that any person who is not currently a shareholder of the corporation shall file a similar undertaking with the College as soon as he or she becomes a shareholder.
- (6) I will ensure that the College is notified of any changes to the name, articles of incorporation or practice locations of the corporation as soon as they occur and to any other information provided in the application within the time period required by the by-laws.
- (7) I will ensure that if the corporation practises in a name other than its corporate name, the corporation shall first notify the College of its practice name and shall include its corporate name in all written, electronic, or broadcast communications.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print name)

Registration # \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_ Revised Application is approved

\_\_\_ Revised Application is denied

Reasons denied:

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Registrar's Signature

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Date