



THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Suite 300, 388 Harbour Road
Victoria, British Columbia V9A 3S1

Telephone (250) 383 4101
(800) 778 8277 (within BC)
Facsimile (250) 383 4144

2019 Health Profession Corporation Permit Renewal

PERSONAL INFORMATION

Surname _____ Given Names _____

Corporation Name _____

Home Address _____

No. _____ Street _____ City _____

Province _____ Postal Code _____

Business Address _____

No. _____ Street _____ City _____

Province _____ Postal Code _____

Home Phone _____ Home Fax _____

Business Phone _____ Business Fax _____

Email Address _____

REGISTRATION WITH THE COLLEGE OF DENTAL HYGIENISTS OF BC

I am registered in good standing with the College of Dental Hygienists of British Columbia,
Registration # _____

All registrant employees (employed dental hygienists) of my corporation are registered in good standing with the College of Dental Hygienists of British Columbia.

Employee Name _____ Registration # _____

Employee Name _____ Registration # _____

Employee Name _____ Registration # _____

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 non-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 of the College of Dental Hygienists of British Columbia.

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 #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #

PERMIT RENEWAL FEE

For payment by credit card, use the online renewal system at www.cdhbc.com. If submitting payment by cheque or money order, payment must accompany your health profession corporation renewal application and must be made payable to CDHBC.

My payment in the amount of \$30 has been made online at www.cdhbc.com.

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 the College of Dental Hygienists of British Columbia, 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 the College of Dental Hygienists of British Columbia.

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

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:
College of Dental Hygienists of British Columbia
Suite 300, 388 Harbour Road, Victoria, BC V9A 3S1