



THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Suite 600, 3795 Carey Road
Victoria, British Columbia V8Z 6T8

Telephone (250) 383 4101
(800) 778 8277 (within BC)
Facsimile (250) 383 4144
Email cdhbc@cdhbc.com
Website www.cdhbc.com

Health Profession Corporation Permit Application

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 # _____

Employee Name _____ Registration # _____

CERTIFICATE OF INCORPORATION

I have attached a true copy of the certificate of incorporation of my company.

The certificate has been notarized by a notary public.

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.

VOTING SHARES

All voting shares of my corporation are legally and beneficially owned by myself, a registrant in good standing of the College of Dental Hygienists of British Columbia, and/or other registrants in good standing of the College of Dental Hygienists of British Columbia.

Please list the names, address and registration numbers of all voting shareholders:

_____ Name	_____ Address	_____ Registration #
_____ Name	_____ Address	_____ Registration #
_____ Name	_____ Address	_____ Registration #
_____ Name	_____ Address	_____ Registration #

Or

This requirement does not apply to my corporation.

NON-VOTING SHARES

All non-voting shares of my corporation are legally and beneficially owned by persons:

Who are registrants of the College of Dental Hygienists of British Columbia;

And/Or

Who are spouses of a shareholding registrant of the College of Dental Hygienists of British Columbia;

And/Or

Who are children, as defined in the *Family Relations Act*, of a shareholding registrant of the College of Dental Hygienists of British Columbia;

And/Or

Who are otherwise relatives of a shareholding registrant of the College of Dental Hygienists of British Columbia and who reside with the registrant.

Please list the names of all non-voting shareholders, their relationship and where they reside:

_____ Name	_____ Relationship	_____ Residence
_____ Name	_____ Relationship	_____ Residence
_____ Name	_____ Relationship	_____ Residence
_____ Name	_____ Relationship	_____ Residence
_____ Name	_____ Relationship	_____ Residence

DIRECTORS OF THE CORPORATION

All directors of my corporation are registrants in good standing of the College of Dental Hygienists of British Columbia.

Please list the directors of your corporation, their position and their CDHBC registration number.

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

PAYMENT OF FEES

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

My payment in the amount of \$105 has been made online at www.cdhbc.com.

Or

I have attached a cheque or money order in the amount of \$105, in Canadian funds, payable to the College of Dental Hygienists of British Columbia.

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:

- 1) 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.
- 2) I will ensure that I maintain commercial general liability insurance for the entire permit period.
- 3) I do not know of any reason, condition or circumstance why I should not be granted a health profession corporation permit.
- 4) 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