



**HEALTH PROFESSIONS ACT
PHYSIOTHERAPISTS REGULATION
APPLICATION FOR REGISTRATION OF A HEALTH PROFESSION CORPORATION**

Name of corporation: _____
(has to include the term "Physiotherapist Corporation" or "Health Profession Corporation")

Registered Office Address: _____
Street

City Territory/Province Postal Code

Mailing Address (if different from above): _____

Email Address

hereby applies for registration pursuant to the provisions of the Health Professions Act and the Physiotherapists Regulation.

I, _____, a physiotherapist duly registered as a full registrant pursuant to the Physiotherapists Regulation, and a director of the above named applicant corporation, hereby certify that the information and particulars to follow are complete and correct:

1. The corporation is incorporated and in good standing with the Registrar of Corporations under the Business Corporations Act.
2. All shareholders with voting rights and all directors are physiotherapists registered under the Physiotherapists Regulation.
3. All shareholder without voting rights are related to one of the physiotherapist shareholders pursuant to the Health Professions Act, Section 33(1)(d).
4. Each of the persons who will carry on the practice of physiotherapy on behalf of the corporation will be a physiotherapist registered under the Physiotherapists Regulation.
5. The corporation is not restricted by its memorandum or articles of association or by the Business Corporations Act from carrying on all businesses and activities associated with or incidental to the practice of physiotherapy.

6. Shareholder information is as follows (attach separate sheet if necessary):

Shareholder's Name	Address	Number of shares	Class of shares (voting/non-voting)

7. The following physiotherapists are directors of the corporation (attach separate sheet if necessary):

Director's Name	Address

8. The fees prescribed by the Physiotherapists Regulation have been paid.

9. A certified true copy of the corporation's Certificate of Incorporation and Change of Name document (if applicable) are attached hereto.

Dated at _____, in Yukon, this _____ day of

_____, A.D., 20_____.

Signature of Director

Name of Director