



College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

2017 CERTIFICATE OF AUTHORIZATION RENEWAL GUIDE

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www.caslpo.com

CERTIFICATE OF AUTHORIZATION – RENEWAL GUIDE

WHATS NEW

2017 Renewal for Certificate of Authorization is now a fillable form.

[Ontario Regulation 39/02](#) (The Certificate of Authorization Regulation) was amended on December 27, 2014.

REQUIREMENTS:

1. CORPORATE PROFILE REPORT

The name of the document to show that the corporation is active has been changed. It is no longer called a "certificate of status". It is now called a "corporation profile report". [Google™](#) "corporate profile report" to find a service provider contracted by the Ministry of Government and Consumer Services.

2. FORMAL DECLARATION

A statutory declaration requires the signature of a commissioner, lawyer or notary public. A statutory declaration is **no longer** required. A formal declaration by a director of the corporation is sufficient.

3. COPIES OF CERTIFICATES OF INCORPORATION

Certificates of incorporation **no longer** have to be certified.

4. Professional Liability Insurance:

The Corporation must maintain proof of having professional liability insurance of at least \$2,000,000.00 per claim. It is necessary to provide the name of the carrier, the certificate number and the expiry date as evidence of your insurance coverage.

5. Fee:

The annual fee for a Certificate of Authorization for a professional corporation is **\$500.00** and shall be paid by **Tuesday, January 3, 2017**.

LATE FEES

If the corporation fails to renew its certificate of authorization on time, a fee of **\$50.00** is required **for each notice sent** by the Registrar. This late fee must be paid within thirty days of the notice being sent.

INSTRUCTIONS

RENEWAL DEADLINE: Tuesday, January 3, 2017

RENEWAL

Before submitting your renewal, please ensure that the following criteria has been met:

1. A director, who must be a member of the College and authorized to sign on behalf of the corporation, has signed the application.
2. The same director who signed the application has also signed the required Declaration.
3. You have obtained all required supporting documents (see checklist)
4. If more space is required in completing the application for renewal, you have attached additional pages and labeled them appropriately.

CHECKLIST

The renewal is considered incomplete without the following enclosures:

- Completed application signed by a director.
- Renewal fee of \$500.00
- Corporate profile report issued by the Ministry of Government and Consumer Services or a service provider contracted by the Ministry of Government and Consumer Services not more than **30 days** before the renewal is submitted to the Registrar, indicating that the corporation is active.
- Declaration signed by a director of the corporation not more than **15 days** before the renewal is submitted to the Registrar.
- **Only if changes have been made** to the Articles of Incorporation, a copy of the amended Articles of Incorporation.
- **If applicable**, a copy of every certificate of the corporation that has been endorsed under the Business Corporations Act as of the day an initial application for a Certificate

of Authorization was submitted, or since the corporation's most recent application for a renewal of a Certificate of Authorization.

CONTACT US

If you have a question, call or email us and we will be happy to assist you.

By email: professionalcorp@caslpo.com

By telephone: 416-975-5347 or 1-800-993-9459

Jessica LaForet, Program Assistant (Registration Services) ext. 213



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2017 CERTIFICATE OF AUTHORIZATION RENEWAL FORM

THIS IS A FILLABLE FORM

SECTION A

Date of application for renewal:

Corporate name:

Practice Name (if applicable):

Corporate Business address:

Phone number:

Email:

SECTION B

I, _____, a member of the College of Audiologists and Speech-Language Pathologists of Ontario and a director of the corporation, am applying on behalf of the above corporation for a Certificate of Authorization under the *Regulated Health Professions Act, 1991* and declare that:

- 1) **Membership:** I am a member of the College of Audiologists and Speech-Language Pathologists of Ontario and my certificate of registration has not been suspended or revoked.

- 2) **Incorporation:** The Corporation is incorporated under the *Business Corporations Act (BCA)*.
- 3) **Corporation Status:** There has been no change in the status of the Corporation since the date the corporate profile report was issued (must be within previous 30 days of the renewal application).
- 4) **Shareholders:** The name of each shareholder of the Corporation and his or her College registration number, business address, business telephone number, and e-mail as of the date of submission of this application is (use additional pages if necessary):

Full Registered Name:	<input type="text"/>
College Registration Number:	<input type="text"/>
Business Address:	<input type="text"/>
Business Phone Number:	<input type="text"/>
Email:	<input type="text"/>

Full Registered Name:	<input type="text"/>
College Registration Number:	<input type="text"/>
Business Address:	<input type="text"/>
Business Phone Number:	<input type="text"/>
Email:	<input type="text"/>

Full Registered Name:

College Registration Number:

Business Address:

Business Phone Number:

Email:

Full Registered Name:

College Registration Number:

Business Address:

Business Phone Number:

Email:

Full Registered Name:

College Registration Number:

Business Address:

Business Phone Number:

Email:

- 5) **Directors and Officers:** The names of all of the directors and officers of the corporation as of the date of submission of this application. (Note: all directors and officers must be shareholders of the corporation.)

Registered Name	Check here if a director	Check here if an officer	If an officer – Title of Officer

- 6) **Practice Location(s):** As of the date of submission of this renewal application, the corporation practices in the following location(s), if different from the corporate address, as listed in Section A. The only addresses omitted are residential addresses of clients.

Practice Name (if applicable) and Address(es)	Telephone

- 7) **Professional Liability Insurance:** The Corporation must provide proof of having professional liability insurance of at least \$2,000,000.00 per claim.

Carrier Name:

Policy Certificate Number:

Expiration Date (if applicable):

- 8) **Fees:** The annual fee to renew a certificate of authorization is \$500 on or before **January 3, 2017**. After January 3, 2017, the annual fee of \$500 and an additional \$50 late fee is required.

The Corporation will pay the fee by:

Cheque

Money Order

Visa

MasterCard

Cheque or money orders are payable to "CASLPO" (in Canadian funds).

Note: Cheques that are returned as N.S.F. or non-negotiable (i.e. misdated, not signed or otherwise miswritten) will be charged a \$50 fee in addition to the \$50 late fee (if applicable).

If payment is made by Visa or MasterCard, provide the following information:

Card Number

Expiry Date

Cardholder Name

Cardholder Signature

Note: Declined credit cards will be charged a \$50 fee in addition to the \$50 late fee (if applicable).

9) Supporting Documentation:

Signed application form

Fee of \$500 payable to "CASLPO" (in Canadian funds) by cheque, money order, Visa or MasterCard

Declaration by a director of the corporation signed no more than 15 days before this application for renewal is submitted.

Copy of a corporate profile report issued by the Ministry of Government and Consumer Services or by a service provider which is under contract with the Ministry of Government and Consumer Services that is dated no more than 30 days before this application is submitted. The College does not require a certified copy of the corporate profile report.

Copy of every certificate of incorporation of the corporation that has been Endorsed under the Business Corporation Act since the corporation's most Recent application for a certificate of authorization or renewal of its Certificate of Authorization as of the date this application is submitted (if applicable).

10) **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.

Signed

Date

DECLARATION

I, holding College registration number am
a director of ,
and do hereby solemnly declare the following:

- 1) that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date this statutory declaration is executed,
- 2) that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession,
- 3) that there has been no change in the status of the corporation since the date of the certificate of status enclosed with the application for a Certificate of Authorization that accompanies this statutory declaration, and
- 4) that the information contained in the application for a Certificate of Authorization that accompanies this statutory declaration is complete and accurate as of the day this statutory declaration is executed.

Signed

Date

