

Health Profession Corporation Permit Application

Application for:			
<input type="checkbox"/> Health Profession Corporation Permit Initial Application (Fee: Application \$500 + GST (non-refundable) plus permit fee \$250 + GST) <input type="checkbox"/> Health Profession Corporation Permit Renewal (Fee: \$250 + GST)			
Name of Corporation			
Purpose: This Corporation shall carry out the practice of Registered Nursing. Provide a brief summary of the registered nursing services (RN or RN(NP) that will/ are being provided through this corporation:			
Business Address(es) of Corporation			
Mailing Address of Corporation <i>(If different from above. The address provided in this section WILL NOT be made available to the public unless also listed above.)</i>			
Postal Code		E-mail	
Telephone		Facsimile	
Contact Name <i>Name of person to be contacted by the College in connection with this application.</i>			
Full Name		Title	
Address			
Telephone		Fax	
Email			

Directors and Officers <i>List all directors and officers of the Corporation as of the day this application is submitted. All directors and officers must be shareholders of the Corporation and members of the College. Check appropriate boxes indicating director or officer or both.</i>			
Surname		Director Officer	
First Name		CRNM #	Office Title(s) (e.g. Treasurer):

Surname			Director
First Name		CRNM #	Officer
			Office Title(s) (e.g.Treasurer):
Surname			Director
First Name		CRNM #	Officer
			Office Title(s) (e.g.Treasurer):
Surname			Director
First Name		CRNM #	Officer
			Office Title(s) (e.g.Treasurer):

Shareholders

Name of each shareholder of the Corporation as of the day this application is submitted, his or her business address, telephone number, registration number with the College (if applicable), and indicate whether the shareholder owns any voting shares.

Surname		Business (Practice) Address and Telephone Number:	
First Name			
Middle			
CRNM #		Voting Shares	
		Non-Voting Shares	
No. of Shares		Class of Shares	
Surname		Business (Practice) Address and Telephone Number:	
First Name			
Middle			
CRNM #		Voting Shares	
		Non-Voting Shares	
No. of Shares		Class of Shares	
Surname		Business (Practice) Address and Telephone Number:	
First Name			
Middle			
CRNM #		Voting Shares	
		Non-Voting Shares	
No. of Shares		Class of Shares	

Practicing Registrant(s)

Name of each College member who is practicing in the field of registered nursing with the Corporation as of the day this application is submitted and his or her business address, telephone number and registration number with the College.

Full Name		Address	
CRNM #		Telephone	
Full Name		Address	
CRNM #		Telephone	
Full Name		Address	
CRNM #		Telephone	

History of Criminal Record

Has the corporation, its directors, officers, voting shareholders, or any person through whom the corporation carries on the practice of registered nursing been convicted of a criminal offence?

Yes No

Details:

Declarations

As per the information provided herein, the Corporation hereby declares:

The Corporation is incorporated, formed by amalgamation or continued under *The Corporations Act* of Manitoba.

The Corporation is an existing corporation and is in good standing under *The Corporations Act* of Manitoba.

Each voting share of the Corporation is legally and beneficially owned by one or more of the following:

- a. Regulated registrant(s) of the College; or
- b. Health Profession Corporation established for the purpose of carrying on the practice of Registered Nursing.

Each other share in the capital stock of the Corporation is legally and beneficially owned by:

- a. A person who is a voting shareholder of the Corporation,
- b. A spouse, common-law partner or child, within the meaning of the *Income Tax Act* (Canada), of a voting shareholder of the Corporation, or
- c. A Corporation each share of the capital stock of which is legally and beneficially owned by a person who is referred to in sub-paragraphs (a) or (b)

Each director of the Corporation is a member of the College.

The President of the Corporation is a member of the College.
Each person through whom the Corporation will be carrying on the practice of Registered Nursing is a member of the College.
The Corporation must not carry on any business or activity other than Registered Nursing and the provision of services directly associated with that practice. However, this restriction does not prohibit the Health Profession Corporation from investing its own funds in real property, other than for development purposes, or in stocks, mutual funds, debt obligations, insurance, term deposits, or similar investments.
The Corporation and those responsible for its reporting understand that the Regulated Health Professions Act and By-Laws of the College require the Corporation to inform the Registrar, in writing, of any changes in the particulars set out in this form.
As Officer of the Corporation, I have personal knowledge of the declarations contained on this application form and of the information I have added in completing the form, and I declare that the declarations and information are true, accurate and complete.
The Corporation will, while it holds a valid permit issued by the College of Registered Nurses of Manitoba, comply with every provision of <i>The Regulated Health Professions Act</i> (Manitoba), Regulations, By-Laws and Policy's which apply to it.
Enclosed with this application are:
Initial Application
<ul style="list-style-type: none"> ➤ Name Reservation Form ➤ Opening Self-employed Practice Notification & Declaration ➤ Initial application and permit fees submittable to CRNM by contacting 204-789-0666
Once above received and application is reviewed, a Consent to Incorporate letter valid for 6 months will be issued. Prior to a Permit being issued the following additional documents must also be submitted to the College:
<ul style="list-style-type: none"> ➤ A copy of all Articles of Incorporation, Articles of Amendment, Articles of Continuance, Articles of Amalgamation or like Articles ➤ A copy of a current Certificate of Status
Renewal Application (required 30 days in advance of Permit expiry date)
<ul style="list-style-type: none"> ➤ A copy of the most recent Annual Report under The Corporations Act ➤ A copy of a current Certificate of Status

Name of Officer (Please Print)

Signature of Officer

Date

Please submit application and supporting documents to:

College of Registered Nurses of Manitoba

890 Pembina Highway
Winnipeg, Manitoba R3M 2M8
Email: selfemployed@crnm.mb.ca

(If documents submitted electronically, originals must be available to be inspected by the College at any time)