NOVA SCOTIA CHIROPRACTIC AND NATUROPATHIC REGULATOR

Nova Scotia Chiropractic and Naturopathic Regulator

APPLICATION FOR PROFESSIONAL CORPORATION PERMIT

APPLICATION CHECKLIST

Please ensure the following documents are included with your application:

☐ Registrar approval of proposed corporate name

☐ Completed, signed and witnessed application form

☐ Application fee ($200.00)

☐ Certificate of Incorporation from Nova Scotia Registry of Joint Stock Companies

☐ Memorandum of Association

☐ Proof of ownership transfer if purchased from another NSCNR Registrant (if applicable)

SECTION A – REGISTRANT INFORMATION

Name of Registrant: _____

NSCNR Registration Number: _____

Registrant Class

☐ DC – Direct Patient Care

☐ DC – Indirect Patient Care

☐ ND – Direct Patient Care

☐ ND – Indirect Patient Care

Telephone: _____

Email: _____

SECTION B – CORPORATE INFORMATION

Corporate Name (Registered with NSJS):

Operating / Trade Name (if applicable):

Registry of Joint Stock Companies Number: _____

Registered Office Address

Street Address

_____

_____

City _____ Province _____

Postal Code _____

Telephone _____

Email _____

_____

SECTION C – VOTING SHAREHOLDERS

The following individuals legally and beneficially own all voting shares of the corporation and are registered with NSCNR.

Shareholder Name(s)	NSCNR License #	Profession	% Voting Shares

Total Voting Shares = 100%

_____

SECTION D – NON-VOTING SHAREHOLDERS / TRUST ARRANGEMENTS

Shareholder #1

Name

_____

Address

_____

_____

Class and Number of Shares

Trustee Name and Address (if applicable)

Shareholder #2

Name

Address

Class and Number of Shares

Trustee Name and Address (if applicable)

SECTION E – DIRECTORS AND OFFICERS

President

Name

Address

Telephone and Email

Additional Directors and Officers

Name	Address	Position

SECTION F – APPLICANT CERTIFICATION

I certify that:

☐ The information contained in this application and all supporting documentation is true and complete.

☐ The business is incorporated and in good standing under the laws of Nova Scotia.

☐ All voting shares of the corporation are legally and beneficially owned by one or more NSCNR registrants entitled to practise the applicable profession.

☐ The corporation will comply with the Regulated Health Professions Act, applicable regulations, NSCNR by-laws, standards of practice, and policies.

☐ Any change affecting the corporation, including changes in shareholders, directors, officers, ownership structure, corporate status, or registered office, will be reported promptly to the Registrar of NSCNR.

☐ I understand that issuance and renewal of a Professional Corporation Permit are subject to approval by the Registrar.

APPLICANT SIGNATURE

Applicant Signature

Printed Name

Date

WITNESS

Witness Signature

_____

Printed Name

_____

Address

_____

_____

Date

_____

FOR NSCNR USE ONLY

Application Received: _____

Fee Received: _____

Reviewed By: _____

Additional Information Required:

☐ Yes ☐ No

Date Approved: _____

Corporation Permit Number: _____

Registrar Signature: _____

Date Issued: _____