

COLLEGE OF PHYSIOTHERAPISTS OF NEW BRUNSWICK

Registration Checklist

Private Practice

Print name: _____

Enclose a copy of this checklist with your application

Excerpt - Regulation 5: Permissible Forms of Practice and Ownership

No member shall practise physiotherapy in the employ or as a partner of any other person or as an officer, director, shareholder or employee of any corporation which person, partnership or corporation offers, by itself or on behalf of the member, physiotherapy services to the general public unless such other person is a member of the College or such corporation is registered under the Act or is a: public hospital; any health or educational facility operated by the Government of New Brunswick or Canada; or a not for profit or charitable institution.

Check below that you are mailing all of the following:

1. **Private Practice Registry (PPR) application form**

- All required information provided on the form
- Your signature and date has been added to the form
- The original copy is enclosed

2. **Correct Fee payment is enclosed and made by:**

- Cheque **OR**
- Money order

3. Additionally, if filing as a Professional Corporation (PC):

- Incorporation papers are enclosed as listed in Regulations - Schedule C**

COLLEGE OF PHYSIOTHERAPISTS NEW BRUNSWICK

82 Germain St., Suite 2C, Saint John, NB Canada E2L 2E7

T (506) 642-9760 ❖ F (506) 642-9770

E-mail: physionb@nbnet.nb.ca ❖ www.cptnb.ca

PRIVATE PRACTICE REGISTRY

Attention - PROFESSIONAL CORPORATIONS (PCs)

Legal and beneficial ownership of 75% of issued voting shares must be owned exclusively by N.B. registered PTs - see Physiotherapy Act, S. 19

If incorporated this application must be accompanied by all items listed in Schedule C (Regulations)

Also see Regulation 5 excerpt on private practice registration checklist

FEE \$ 50.00 (subject to change without notice)

Make cheque/money order payable to the College of Physiotherapists of N.B.

Pay one fee only, for MAIN clinic or services but register all business names/clinics/services

..... PRINT OR TYPE ONLY.....

Principle Business Name (PCs: See S 19e Physiotherapy Act) _____

If you provide services for payment without use of a separate business name, list your name.

Mailing Address: for ALL mail, regardless of physical location, # of clinic(s), service(s), etc.

Tel 1 () _____ - _____ (2) _____ - _____ Fax: _____ - _____ Postal Code _____

E-mail(1) _____ E-mail (2) _____

Confirm : E-mail(1) _____ E-mail (2) _____

All other physiotherapy business names/services offered from same location:

All other physiotherapy business names/branches/services from different location(s):

Name(s) of physiotherapist(s) who own any of the above services/businesses:

Names and CPTNB Reg Nos of all non-owner physiotherapists working for any of the above businesses:

Table with 2 columns and 3 rows for listing non-owner physiotherapists.

Authorized (owner) Signature: _____ Date: _____, 20___. On behalf of all owners/partners

CPTNB REGULATIONS

Schedule “C”

In addition to the registration form an applicant for registration as a **Professional Corporation** must file the following items in order to satisfy requirements of registration:

1. Name of applicant corporation
2. Jurisdiction of incorporation
3. Address of registered office
4. Name of member appointed to represent the corporation
5. The following documents must accompany the application:
 - (a) A notarized copy of all articles of incorporation, articles of continuance and other charter documents of the corporation;
 - (b) A notarized copy of the most recent Notice of Directors and Notice of Registered Office required to be filed under the *Business Corporations Act* or equivalent documents under the laws of the incorporating jurisdiction;
 - (c) A Certificate of Status (for annual renewals, not applicable to new incorporations) signed by the Director of the New Brunswick Corporations Branch in respect of the corporation;
 - (d) A letter appointing a member to represent the corporation;
 - (e) A list of the names, residential and business addresses and telephone numbers of all shareholders of the corporation, together with a statement of the number and classes of shares owned by each, and, where the beneficial owner is different from the registered owner (as where the shares are held in trust), details with respect to both;
 - (f) A list of the names, residential and business addresses and telephone numbers of all officers (President, Vice-President, Secretary-Treasurer, etc.) of the corporation and all other directors of the corporation;
 - (g) A list of the names and addresses of members of the College who will be practising physiotherapy on behalf of the corporation;
 - (h) A certified copy of a resolution of the Council of directors of the corporation authorizing the making of this application; and
 - (i) A statement signed by all shareholders, officers and directors certifying that they and the corporation have complied with and agree to be bound by all of the requirements of the *Act*, Regulations and Rules ■