Nova Scotia
Occupational Therapy
Regulator

202-1597 Bedford Hwy, Bedford NS B4A 1E7
(902) 455-0556

Application for Renewal of a Professional Corporation Permit

Instructions to Applicant:

Complete this form in full. Only forms that are typed or legibly printed will be accepted. Upon receipt of a completed form, NSOTR will invoice the occupational therapist named in **Part C** for the Renewal fee of $100.

All corporate permits expire yearly on December 31. ***The deadline to submit this form to renew your corporate permit each year is December 1.*** Return the application via mail or e-mail to:

Nova Scotia Occupational Therapy Regulator
202-1597 Bedford Hwy
Bedford NS B4A 1E7

Subject: Corporate Permit Renewal
registration@nsotr.ca

Part A: Contact Information

Information about the Professional Corporation:

NAME OF THE PROFESSIONAL CORPORATION: _____

_____

STREET ADDRESS: _____

_____

MAILING ADDRESS: (if different from above) _____

_____

Information about the individual completing this application:

NAME OF CONTACT PERSON: _____

TITLE/ROLE:_____

TELEPHONE NO: _____**CONTACT EMAIL:** _____

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Part B: Renewal of Permit

(Pursuant to Article 25 of the Nova Scotia Occupational Therapy Regulator *Bylaws*)

1. The name of the professional corporation is:

   _____

   _____

   (the "professional corporation")

2. The professional corporation is a valid and subsisting company limited by shares under the *Companies Act*, is registered and in good standing having paid the annual fees under the *Professional Corporations Registration Act* and is a private company as defined by the *Securities Act.*

   ☐ Yes ☐ No

3. All of the persons, including both employees and contractors, who carry on the practice of occupational therapy for or on behalf of the professional corporation are occupational therapists licensed to practice occupational therapy in Nova Scotia.

   ☐ Yes ☐ No

4. In the past year, have there been any changes to the persons, including both employees and contractors, who carry on the practice of occupational therapy for and on behalf of the professional corporation?

   ☐ Yes ☐ No

   If **yes**, complete the relevant section(s) of Schedule A.

5. In the past year, have there been any changes respecting the shareholders, number of shares, share distribution, directors, or officers of the professional corporation?

   ☐ Yes ☐ No

   If **yes**, complete the relevant section(s) of Schedule A and continue to Question 6.
   If **no**, go to Question 9.

6. All of the directors of the professional corporation are occupational therapists licensed to practice occupational therapy in Nova Scotia.

   ☐ Yes ☐ No

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7. The majority of issued shares of the professional corporation legally and beneficially owned by one or more occupational therapists.

   ☐ Yes ☐ No

8. The majority of issued voting shares of the professional corporation are legally and beneficially owned by one or more occupational therapists.

   ☐ Yes ☐ No

9. In the past year, have there been changes to the objects of the professional corporation?

   ☐ Yes ☐ No

   If **yes**, indicate the changes to the objects of the professional corporation below:

   _____

   _____

10. The professional corporation undertakes that while its permit is in force, it will at all times faithfully comply with all of the obligations of a licensed occupational therapist and comply with all of the rules and requirements of the Nova Scotia Occupational Therapy Regulator:

    ☐ Yes ☐ No

Part C: Undertaking and Declaration

I, _____, an occupational therapist licensed to practice occupational therapy in Nova Scotia and a shareholder and director of the professional corporation, hereby verify to the Nova Scotia Occupational Therapy Regulator that the information and particulars contained in Part B of this application form and the attached Schedule A are true and complete.

Dated at _____, Nova Scotia, on the ___ day of _____, _____.

_____
Name of Professional Corporation

_____ _____
Name of Director Signature of Director

NSOTR License No. _____

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Schedule A: Changes to Corporate Information

Instructions to Applicant:

If you have indicated in **Part B** of the renewal form that there have been changes to the professional corporation, you must record these changes in the matching sections of this Schedule A. If there were no changes to your professional corporation this year, you do not need to complete Schedule A.

1. Total number of: Issued voting shares _____
   Issued non-voting shares _____

2. Issued shares legally or beneficially owned by registered occupational therapists:

Shareholder Name & Address	No. of shares	Voting or non-voting

3. Issued shares legally or beneficially owned by shareholders other than registered occupational therapists:

Shareholder Name & Address	No. of shares	Voting or non-voting

4. Issued shares held in trust:

Beneficial Owner & Address	Trustees & Address	No. of shares	Voting or Non-voting

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_____

_____

5. Directors and officers of the professional corporation:

Name	**Address**	**Title or position**

6. The persons who will carry on the practice of occupational therapy for or on behalf of the professional corporation, each of whom is a licensed occupational therapist with the Nova Scotia Occupational Therapy Regulator:

Name	**Address**