

*As per Section 6 of the Act, "A professional corporation shall not engage in the practice of medicine unless the corporation holds a permit pursuant to this Act and the corporation is in compliance with this Act and the regulations."*

### Applying for a Corporation Permit

Dear Applicant: Enclosed is an application package for a corporation permit with the College of Physicians and Surgeons of Nova Scotia (the College). Please refer to the following guidelines when incorporating for the purpose of engaging in the practice of medicine:

1. If you have not already done so, the College recommends that you obtain independent legal and tax advice before incorporating.
2. Obtain written approval from the College of Physicians and Surgeons of Nova Scotia with respect to the proposed corporate name (**via e-mail at [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca)**). The name of a professional corporation must be a fit and proper name for a corporation engaged in the practice of medicine.
3. When name approval has been obtained from the College, register the company with the Registry of Joint Stock Companies.
4. When the corporation is registered with the Registry of Joint Stock Companies, complete the following Application for a Permit (Form A), affix the corporate seal and forward it to the College for approval. **This form is a mandatory requirement for physicians who wish to be employed by a professional corporation for the purpose of engaging in the practice of medicine.**
5. When the College has approved the Application for a Permit, the permit will be issued and sent directly to the lawyer.
6. Report any changes in the company to the College for approval by the Registrar. (eg. officers, share structure).
7. A Certificate of Incorporation and Certificate of Status are required to complete the registration of the company with the College. They do not have to accompany the application, but the lawyer must provide a letter stating that they are in the process of obtaining these documents and that they will be forwarded to the College once received.
8. The address that is used on Form A for the Registered Office of the corporation will be used by the College as the mailing address for that corporation.
9. The majority of all shares issued to the company must be legally and beneficially owned by one or more physicians.

10. The majority of all voting shares issued to the company must be legally and beneficially owned by one or more physicians.
11. Annual permit renewal notification (invoices) will be sent out by the College each year in November.
12. The [Medical Professional Corporations Regulations](#) and the [Medical Professional Corporations Act](#)



**COLLEGE OF  
PHYSICIANS & SURGEONS  
OF NOVA SCOTIA**

**Registration Department**  
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**Form A - Application for a Permit**

(Pursuant to subsections 7(3) and 7(5) of the *Medical Professional Corporations Act*)

\_\_\_\_\_ Limited/Incorporated ("Company")  
with Registered Office at \_\_\_\_\_ in the \_\_\_\_\_ of  
\_\_\_\_\_, in the Province of Nova Scotia, Postal Code \_\_\_\_\_ hereby applies for a  
permit under subsection 7(3) of the *Medical Professional Corporations Act*.

1. Attached are:
  - (a) a copy of the Company's Certificate of Incorporation;
  - (b) a Certificate of Status in respect of the Company issued by the Registrar of Joint Stock Companies, under the Companies Act and the Corporations Registration Act;
  - (c) payment of the fee prescribed by clause 4(b) of the regulations.
  
2. The name of the Company is \_\_\_\_\_
  
3. The objects of the Company stated in its Memorandum of Association include the objects of engaging in the practice of medicine and \_\_\_\_\_  
\_\_\_\_\_.
  
4. The Company is a private company as defined by the *Securities Act*.
  
5. The total number of voting shares is \_\_\_\_\_
  
6. The total number of non-voting shares is \_\_\_\_\_
  
7. The persons who own voting shares of the Company who are not qualified medical practitioners under the *Medical Act* are:

Name	Address	No. and class of shares
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. The persons who own voting shares of the Company who are qualified medical practitioners under the *Medical Act* are:

Name	Address	No. and class of shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. The persons who own non-voting shares of the Company or for whom any shares of the Company are held in trust, and the trustee, if any, are:

Beneficial owner	Address	Trustee	Address	No. and class of shares
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. The Director(s) of the Company, each of whom is a qualified medical practitioner under the *Medical Act*, are:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

11. The President of the Company is:

Name	Address
_____	_____

12. The remaining officers of the Company are:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. The persons who will carry on the practice of medicine for or on behalf of the Company, each of whom is a qualified medical practitioner under the *Medical Act*, are:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. The Company undertakes that while its permit is in force, it will at all times faithfully keep and perform all of the obligations of a qualified medical practitioner and comply with all of the rules and requirements of the College of Physicians and Surgeons of Nova Scotia and the Medical Society of Nova Scotia (Doctors Nova Scotia).

15. I, \_\_\_\_\_ of \_\_\_\_\_, Nova Scotia, do solemnly declare that:

- (a) I am a qualified medical practitioner pursuant to the *Medical Act*;
- (b) I am a shareholder and Director of the above named applicant;
- (c) the information in this application and in particular Sections 2 to 15 is true, accurate, and complete.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath and by virtue of *The Canada Evidence Act*.

**DECLARED AT** \_\_\_\_\_, in )  
 the County of \_\_\_\_\_, Province of )  
 Nova Scotia, on \_\_\_\_\_, ) Applicant  
 20\_\_\_\_, before me: )  
 )  
 ) Physician Licence No.  
 )  
 \_\_\_\_\_ )  
 A Barrister of the Supreme Court of )  
 Nova Scotia ) Director E-mail address

*(If this corporation has two or more Directors, one Director must be selected to interact with the College in all matters pertaining to this corporation, including this permit application and subsequent annual renewal of this permit.)*

Return to:

( Affix )  
(Corporate)  
( Seal )

Att: Registration Department  
College of Physicians and Surgeons of Nova Scotia  
5005 – 7071 Bayers Road  
Halifax, NS B3L 2C2  
(902) 422-5823

*Updated March 2016*