



## PROFESSIONAL CORPORATION REQUEST FOR CONFIRMATION OF ELIGIBILITY

Under the *Business Corporations Act* [s.9(2),s.12(2)] the name of your professional corporation and the articles of incorporation must be approved by the governing body or licensing agency of the appropriate profession prior to registration of your corporation with Corporate Affairs.

Under section 32(1) of the *Health Professions Act* and section 3.01(3) of the *Dental Profession Act* **a corporation must not carry on the practice of the designated health profession unless it holds a valid professional corporation permit.**

Incorporation of a professional corporation is a three step process:

1. Request for confirmation of eligibility. Use this form to provide Professional Licensing and Regulatory Affairs (PLRA) with the information needed to confirm your intended corporation's eligibility or need for registration as a Professional Corporation. Once confirmed, PLRA will send a letter of eligibility to Corporate Affairs (see step 2).
2. Incorporate or register under the Business Corporations Act. For forms and instructions, contact [Corporate Affairs branch of the Yukon Government's Department of Community Services](#) or 867-667-5314 or [corporateaffairs@gov.yk.ca](mailto:corporateaffairs@gov.yk.ca)
3. Once step 2 is completed, apply for a professional corporation permit under the *Health Professions Act* or *Dental Profession Act* through PLRA. Forms and instructions can be found on the [application website](#).

Corporation naming requirements:	
Services offered	Must have one of the following in the corporation name:
Dental	Professional Prof
Physiotherapy	Health Profession Corporation Physiotherapist Corporation
Psychiatric Nursing	Health Profession Corporation Registered Psychiatric Nursing Corporation



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Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as "not applicable". To complete this form either type or print in dark blue or black.

<b>Check one:</b>	<input type="checkbox"/> Dental corporation
	<input type="checkbox"/> Physiotherapy corporation
	<input type="checkbox"/> Registered psychiatric nurse corporation

## Corporation information

Legal name of corporation				
List of business names under which the corporation operates and which are different from the corporation name				
Email			Phone	
Mailing address	City	Prov./terr.	Postal code	Country
Physical address <i>(if different from mailing address)</i>	City	Prov./terr.	Postal code	Country
Primary contact name for this corporation				
Primary contact email <i>(if different from above)</i>			Primary contact phone <i>(if different from above)</i>	
Name of lawyer/firm				

## Description of corporation

Describe the purpose of the corporation and any businesses under that corporation. Specify any health related services that will be offered through the corporation.

## Director(s) information

List all directors within the corporation. **All directors must be registered and licensed in Yukon for the above selected profession.**

Legal name	<input type="checkbox"/> Shareholder (owns voting shares) <input type="checkbox"/> Director		
Yukon licence number	Yukon licence type		
Email	Phone	Fax	
Legal name	<input type="checkbox"/> Shareholder (owns voting shares) <input type="checkbox"/> Director		
Yukon licence number	Yukon licence type		
Email	Phone	Fax	

**Shareholder and additional director(s) information**

List all shareholders and any additional directors not already included. **All shareholders with voting rights must be registered and licensed in Yukon for the above selected profession.**

Legal name	<input type="checkbox"/> Shareholder with voting rights <input type="checkbox"/> Shareholder with <b>non</b> -voting rights <input type="checkbox"/> Director
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Yukon licence number <i>(if applicable)</i>	Yukon licence type <i>(if applicable)</i>
---------------------------------------------	-------------------------------------------

Email	Phone	Fax
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Relationship to a listed voting shareholder *(required for non-voting shareholders under the Health Professions Act section 33(1)(d).)*

Legal name	<input type="checkbox"/> Shareholder with voting rights <input type="checkbox"/> Shareholder with <b>non</b> -voting rights <input type="checkbox"/> Director
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Yukon licence number <i>(if applicable)</i>	Yukon licence type <i>(if applicable)</i>
---------------------------------------------	-------------------------------------------

Email	Phone	Fax
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Relationship to a listed voting shareholder *(required for non-voting shareholders under the Health Professions Act section 33(1)(d).)*

Legal name	<input type="checkbox"/> Shareholder with voting rights <input type="checkbox"/> Shareholder with <b>non</b> -voting rights <input type="checkbox"/> Director
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Yukon licence number <i>(if applicable)</i>	Yukon licence type <i>(if applicable)</i>
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Email	Phone	Fax
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Relationship to a listed voting shareholder *(required for non-voting shareholders under the Health Professions Act section 33(1)(d).)*

Legal name	<input type="checkbox"/> Shareholder with voting rights <input type="checkbox"/> Shareholder with <b>non</b> -voting rights <input type="checkbox"/> Director
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Yukon licence number <i>(if applicable)</i>	Yukon licence type <i>(if applicable)</i>
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Email	Phone	Fax
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Relationship to a listed voting shareholder *(required for non-voting shareholders under the Health Professions Act section 33(1)(d).)*

Legal name		<input type="checkbox"/> Shareholder with voting rights <input type="checkbox"/> Shareholder with <b>non</b> -voting rights <input type="checkbox"/> Director	
Yukon licence number <i>(if applicable)</i>		Yukon licence type <i>(if applicable)</i>	
Email	Phone	Fax	
Relationship to a listed voting shareholder <i>(required for non-voting shareholders under the Health Professions Act section 33(1)(d).)</i>			
Legal name		<input type="checkbox"/> Shareholder with voting rights <input type="checkbox"/> Shareholder with <b>non</b> -voting rights <input type="checkbox"/> Director	
Yukon licence number <i>(if applicable)</i>		Yukon licence type <i>(if applicable)</i>	
Email	Phone	Fax	
Relationship to a listed voting shareholder <i>(required for non-voting shareholders under the Health Professions Act section 33(1)(d).)</i>			
<b>Certification</b>			
<p>I, being a director and authorized to represent my other directors, if applicable, in the aforementioned corporation, certify that all information provided in this request for confirmation of eligibility is true and that I am not aware of any circumstance or impediment which would affect the granting of the said eligibility. I understand that falsification of information on this application may result in the cancellation of my application.</p>			
_____ Signature of director		_____ Date	

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the permit being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at [inquiry.plra@gov.yk.ca](mailto:inquiry.plra@gov.yk.ca).