



# THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Suite 300, 388 Harbour Road  
Victoria, British Columbia V9A 3S1

Telephone (250) 383 4101  
(800) 778 8277 (within BC)  
Facsimile (250) 383 4144

## 2020 Health Profession Corporation Permit Renewal

### PERSONAL INFORMATION

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Corporation Name \_\_\_\_\_

Home Address \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Address \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### REGISTRATION WITH THE COLLEGE OF DENTAL HYGIENISTS OF BC

I am registered in good standing with the College of Dental Hygienists of British Columbia,  
Registration # \_\_\_\_\_

All registrant employees (employed dental hygienists) of my corporation are registered in good standing with the College of Dental Hygienists of British Columbia.

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

Employee Name \_\_\_\_\_ Registration # \_\_\_\_\_

### CERTIFICATE OF INCORPORATION

My corporation is incorporated under the *Business Corporations Act* and is in good standing under the *Act*. I have attached a Certificate of Good Standing issued by the Registrar of Companies.

My corporation is not in compliance with the *Business Corporation Act* and I have not obtained a certificate of good standing issued by the Registrar of Companies.

### LIABILITY INSURANCE

I have commercial general liability insurance in the amount of \$1 million per occurrence and a copy of my insurance policy is attached.

I have liability insurance (negligence) in the amount of \$1 million per occurrence for EACH of my registrant employees and copies of the policies are attached.

**VOTING SHARES**

There have been no changes to the status of voting shares in my corporation.

OR

This requirement does not apply to my corporation.

OR

The following changes to voting shares of my corporation have taken place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NON-VOTING SHARES**

There have been no changes to the status of non-voting shares in my corporation.

OR

This requirement does not apply to my corporation.

OR

There have been changes to the status of non-voting shares in my corporation. The changes are listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIRECTORS OF THE CORPORATION**

All directors of my corporation are registrants in good standing of the College of Dental Hygienists of British Columbia.

AND

There have been no changes in the directors of my corporation.

OR

There have been changes to the directors of my corporation. The changes are listed below:

_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #
_____ Name	_____ Position	_____ Registration #

**PERMIT RENEWAL FEE**

For payment by credit card, use the online renewal system at [www.cdhbc.com](http://www.cdhbc.com). If submitting payment by cheque or money order, payment must accompany your health profession corporation renewal application and must be made payable to CDHBC.

My payment in the amount of \$30 has been made online at [www.cdhbc.com](http://www.cdhbc.com).

OR

My payment by cheque or money order in the amount of \$30 is attached.

## DECLARATION

I hereby make application subject to the *Health Professions Act*, and the regulations and bylaws of the College of Dental Hygienists of British Columbia, as a health profession corporation, to carry on the business of providing dental hygiene services to the public and declare the following:

I have read, understand and will remain at all times in compliance with the *Health Professions Act*, the *Business Corporations Act*, the Dental Hygienists Regulation and the Bylaws of the College of Dental Hygienists of British Columbia.

I will ensure that I maintain commercial general liability insurance for the entire permit period.

I do not know of any reason, condition or circumstance why I should not be granted a health profession corporation permit.

All information provided on this form is true and correct.

I make this solemn declaration, conscientiously believing all the above statements to be true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Ensure that you have read and signed the declaration, then attach all supporting documentation and include a cheque or pay online before mailing forms to:  
College of Dental Hygienists of British Columbia  
Suite 300, 388 Harbour Road, Victoria, BC V9A 3S1