

Application Form for a Certificate of Authorization for a Professional Corporation - Social Work



Ontario College of
Social Workers and
Social Service Workers
250 Bloor Street E.
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Toronto, ON M4W 1E6
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PLEASE REFER TO THE APPLICATION GUIDE PRIOR TO SUBMISSION.

Date of submission of application:

Date / Month / Year

Section A

1. Name of Corporation Ontario Corporation No. Issued by Ministry

(Attach OCSWSSW certificate regarding proposed corporate name, if applicable.)

2. Business Address of Corporation

Street:	Suite:	
City:	Province:	Postal Code:
Bus. Tel:	Bus. Fax:	Email:

3. Practice name of corporation if corporation proposes to practise under a name other than its corporate name:

Section B

4. Name(s) of each shareholder as of the day the application is submitted *(must be a member of the College in the category of social work)* and his/her business address, business telephone number and registration number with the College as of that day.

College Registration No.		
Last Name:	Given Name(s):	
Business Address (street):	Suite:	
City:	Province:	Postal Code:
Bus. Tel:	Bus. Fax:	Email:
College Registration No.		
Last Name:	Given Name(s):	
Business Address (street):	Suite:	
City:	Province:	Postal Code:
Bus. Tel:	Bus. Fax:	Email:
College Registration No.		
Last Name:	Given Name(s):	
Business Address (street):	Suite:	
City:	Province:	Postal Code:
Bus. Tel:	Bus. Fax:	Email:
College Registration No.		
Last Name:	Given Name(s):	
Business Address (street):	Suite:	
City:	Province:	Postal Code:
Bus. Tel:	Bus. Fax:	Email:

(Attach additional pages appropriately labeled, if necessary.)

5. Name(s) of each director and officer as of the day the application is submitted (must be a member of the College in the category of social work). **Note: All directors and officers also must be shareholders of the corporation.** For each person listed, please check the appropriate box to indicate whether the person is a director or officer or both. If the person is an officer, please indicate the title of the office.

College Registration No.	Full Name	Director	Officer	Provide Title of Office
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

6. The corporation intends to practise the profession of social work and/or carry on activities related to the practise of the profession of social work in the following location(s):

Street:		Suite:	
City:	Province:	Postal Code:	
Bus. Tel:	Bus. Fax:	Email:	
Street:		Suite:	
City:	Province:	Postal Code:	
Bus. Tel:	Bus. Fax:	Email:	
Street:		Suite:	
City:	Province:	Postal Code:	
Bus. Tel:	Bus. Fax:	Email:	
Street:		Suite:	
City:	Province:	Postal Code:	
Bus. Tel:	Bus. Fax:	Email:	

7. Have any of the directors, officers or shareholders been a director, officer or shareholder of a professional corporation whose certificate of authorization was revoked? Yes No

If the answer is "Yes", provide the name of the director, officer or shareholder and the name of the professional corporation whose certificate of authorization was revoked.

Name of director, officer or shareholder: _____

Name of professional corporation: _____

8. The application fee for a Certificate of Authorization is \$500, less the amount(s) (to a maximum of \$200) paid to OCSWSSW in connection with a related application to OCSWSSW for a corporate name certificate.

Payment may be made by cheque, money order or credit card. Make cheque or money order payable to the Ontario College of Social Workers and Social Service Workers (OCSWSSW). While the College is pleased to accept payment by credit card, we are unable to do so by telephone.

All payments must be made in full. There will be a \$25 charge for any cheque or credit card that is not honoured. Post-dated cheques will not be accepted.

Payment \$500
() Related application fee(s) paid to OCSWSSW for a corporate name certificate (to a maximum of \$200).

Total Due _____ Enclosed with application.

Complete the following:

Enclosed please find a cheque or money order in the amount of \$ _____

Or

Credit card information (PLEASE PRINT)

VISA MasterCard **Expiry Date** _____ **Card Number** _____

Name on Credit Card _____

Signature of Card Holder _____

9. I confirm that the information contained in this Application for a Certificate of Authorization for a Professional Corporation is complete and accurate.

*Signature of Director authorized to apply for a Certificate
of Authorization on behalf of the Corporation*

Date

Please print name

College Registration No.