

Declaration for authorization to practice the medical profession within a partnership or company

Notice: Section 4 of the Regulation respecting the practice of the medical profession within a partnership or company stipulates that if the Declaration and required documents with the appropriate fees attached are not sent to the Collège, a physician may not practice his profession within a partnership or company. Moreover, according to section 8, a physician immediately ceases to be authorized to practice his profession within a partnership or company as soon as he no longer respects the conditions set out in the Regulation or those of Chapter VI.3 of the Professional Code.

*The handbook is at the end of the Declaration form.

1 – Member / Respondent

Name of member/respondent (First name, Last name):	Permit No.:
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2 – Identification of the partnership or company

Name or Registered Name:			
NEQ (Québec Enterprise Number issued by the Québec Enterprise Register):			
Address			
No.:	Street:		
Municipality/City:	Province/State:	Postal Code:	Country:

3 – Other names or registered names used by the partnership or company

To be completed if the partnership or company uses other names than the name or registered name declared in section 2. Use [Appendix A](#) if necessary

Other name or registered name:
Other name or registered name:
Other name or registered name:

4 – Legal form of the partnership or company

Legal form (Check the appropriate box):	<input type="checkbox"/> INC (Joint-stock corporation)	<input type="checkbox"/> LLP (Limited liability company)
Is it a continuance of a general partnership in a limited liability partnership?	No	Yes
Nature of the principal professional activities practiced within the partnership or company:		

5 – Full name and address of all other establishments/ places of business (Use [Appendix A](#) if necessary)

Name or registered name:			
Address			
No.:	Street:		
Municipality/City:	Province/State:	Postal Code:	Country:

6 – Required list of all individuals with a role in the partnership or company
(Partner or shareholder, officer, director, employee or other) (Use [Appendix B](#) if necessary)

Member / Respondent (To be completed in all cases)	
<p>1. Name of member/respondent (First name, Last name):</p> <p>2. CMQ Permit No.:</p> <p>3. What is your status or function within the partnership or company? (Check all applicable choices)</p> <p>Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:</p> <p> ▶ Please indicate the percentage of voting rights held (if applicable): %</p> <p>4. Do you practice your profession within the partnership or company? No Yes</p> <p>5. Are you a member of the CMPA? No Yes Enter membership no.</p>	

Individual (To be completed only when an individual other than the member/respondent plays a role in the partnership or company)	
<p>1. Name of the individual (First name, Last name):</p> <p>2. Is this person a member of the CMQ? No Yes Permit no.:</p> <p>3. What is the person’s status or function within the partnership or company? (Check all applicable choices)</p> <p>Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:</p> <p> ▶ Please indicate the percentage of voting rights held : %</p> <p>4. Is this person the spouse of a physician holding voting rights in the partnership or company?</p> <p> No Yes</p> <p>5. Is this person a blood relative or relative by marriage of a physician holding voting rights in the partnership or company?</p> <p> No Yes Identify the relationship</p> <p>6. Does this person exercise the profession within the partnership or company? No Yes</p> <p>7. Is this person a member of the CMPA? No Yes Enter the membership no.</p>	

Individual (To be completed only when an individual other than the member/respondent plays a role in the partnership or company)	
<p>1. Name of the individual (First name, Last name):</p> <p>2. Is this person a member of the CMQ? No Yes Permit no.:</p> <p>3. What is the person’s status or function within the partnership or company? (Check all applicable choices)</p> <p>Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:</p> <p> ▶ Please indicate the percentage of voting rights held : %</p> <p>4. Is this person the spouse of a physician holding voting rights in the partnership or company?</p> <p> No Yes</p> <p>5. Is the person a blood relative or relative by marriage of a physician holding voting rights in the partnership or company?</p> <p> No Yes Identify the relationship</p> <p>6. Does this person exercise the profession within the partnership or company? No Yes</p> <p>7. Is this person a member of the CMPA? No Yes Enter the membership no.</p>	

7 – Required list of all legal entities or other enterprises that are partners or shareholders in the partnership or company (Use [Appendix C](#) if necessary)

Legal entity or other enterprise (To be completed only when a legal entity or an enterprise owns shares in the partnership or company)

1. **Name or registered name:**

2. Legal form:

3. Québec Enterprise No. (NEQ):

4. Is it a partner (LLP) or shareholder (INC) in the partnership or company? No Yes
 - ▶ Please indicate the percentage of voting rights held: %

5. You must list all partners or shareholders and the directors of the legal entity or the enterprise. When shares of the legal entity or the enterprise are owned by another legal entity, please indicate the registered name or name of the legal entity in the column entitled “Name of the partner, shareholder or director” of the Table below and complete [Appendix C or D](#) for this other legal entity.

List of partners or shareholders and directors of the legal entity or enterprise				
Name of the partner, shareholder or director	Involvement	Member of the Collège des médecins du Québec	Relationship	
Enter the name of the individual (First name, Last name) or the registered name or name of the legal entity.	Check the appropriate box and enter the percentage of voting rights held, where applicable.	If an individual, indicate whether this person is a member of the Order. If yes, enter the person’s permit no.	If an individual, check the appropriate box and identify the relationship with the physician holding voting rights in the partnership or company identified in section 2 of the Declaration.	
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professional
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professional
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professional
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professional
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professional

8 – Required list of all trusts that are partners or shareholders in the partnership or company

(Use [Appendix D](#) if necessary)

Trust

(To be completed only when a Trust owns shares in the partnership or company)

1. **Name of the Trust:**

2. Is it a partner (LLP) or shareholder (INC) in the partnership or company? No Yes

▶ Please indicate the percentage of voting rights held: %

3.

List of trustees

Name of the trustee	Member of the Collège des médecins du Québec	Relationship
Enter the name of the individual (First name, Last name) or the registered name or name of the legal entity.	If an individual , indicate if this person is a member of the Order. If yes, enter the permit no.	If an individual , check the appropriate box and identify the relationship with the physician holding voting rights in the partnership or company identified in section 2 of the Declaration.
	Non-member Member of the CMQ Permit No.:	Spouse Blood relative Relative by marriage Professionnal Relationship :
	Non-member Member of the CMQ Permit No.:	Spouse Blood relative Relative by marriage Professionnal Relationship :
	Non-member Member of the CMQ Permit No.:	Spouse Blood relative Relative by marriage Professionnal Relationship :
	Non-member Member of the CMQ Permit No.:	Spouse Blood relative Relative by marriage Professionnal Relationship :

9 – Attestation of umbrella insurance

(Check the appropriate box and attach the written confirmation required, if any)

The partnership or company consists of a single physician member of the CMPA who will practice within the partnership or company mentioned in section 2.

- Contact the CMPA to verify whether the CMPA general letter sent to the Collège is applicable.
- If the CMPA general letter is applicable, it is equivalent to the insurance attestation and no document must be attached.
- If the CMPA general letter is not applicable, a copy of the document entitled “Declaration of CMPA Eligibility” must be attached.

The Partnership or company consists of several physician members of the CMPA who will practice within the partnership or company mentioned in section 2.

- Each physician must contact the CMPA to obtain written confirmation attesting that the partnership or company has professional liability coverage pursuant to Division III of the Regulation.
- A copy of the written confirmation from the CMPA, i.e. the “Declaration of CMPA Eligibility” must be attached for each physician who will practice within the partnership or company.

The partnership or company consists of one or more physician non-member(s) of the CMPA who will practice within the partnership or company mentioned in section 2.

- The physician(s) must contact their private insurer or any other competent authority to obtain written confirmation attesting that the partnership or company has professional liability coverage pursuant to Division III of the Regulation.
- A copy of the written confirmation from the private insurer or any other competent authority for each physician who will practice within the partnership or company must be attached.

***IMPORTANT:** As provided in the Regulation respecting the practice of the medical profession within a partnership or company, it is the responsibility of the physician practicing his profession within the partnership or company to obtain and maintain for the partnership or company insurance coverage for the liability it could incur because of faults or negligence committed by the physician in the practice of his profession. The physician must make sure to maintain this coverage at all times or verify that the partnership or company remains eligible for the assistance of the CMPA if he has sent the Collège proof that the partnership or company is eligible for such assistance pursuant to section 14 of the Regulation. The coverage and the written confirmation of the CMPA, the private insurer or the competent authority must satisfy the requirements stipulated in Division III of the Regulation.*

10 – Fees payable

Fees of \$300.00 for each physician member of the Collège who will practice within the partnership or company or who practice the medical profession within a partnership or company who is partner or shareholder of the partnership or company for which the authorization is sought (The invoice will be added to the Bottin sécurisé of the physician (s). An email will be sent.)

11 – Declaration of sole shareholder

(Optional -Check the box and attach a copy of the declaration of sole shareholder to the Declaration)

Under the *Quebec Business Corporations Act*, a sole shareholder is able to sign a written declaration known as a "declaration of sole shareholder" restricting or withdrawing all or some of the powers of the directors of a corporation. In restricting all of these powers, the sole shareholder may choose to avoid establishing a board of directors. The person completing the Declaration must attach a **copy of the declaration of sole shareholder**.

12 – Other required document(s)

(Check the appropriate box and attach the required document(s) to the Declaration)

The partnership or company is newly constituted under the Business Corporations Act.

- Attach a copy of the certificate of constitution issued by the Québec Enterprise Register.

The partnership or company is newly constituted under the Canada Business Corporations Act.

- Attach a copy of the certificate of constitution and the certificate of compliance issued by Industry Canada.

The partnership or company is newly constituted limited liability partnership

- Attach a copy of the certificate of attestation issued by the Québec Enterprise Register, which must be ordered on the website of the Québec Enterprise Register.

The partnership or company has already been created for purposes other than the practice of the medical profession and has been modified in order to comply with the terms and conditions of the Regulation respecting the practice of the medical profession within a partnership or company or the partnership or company is a continuance of a general partnership as a LLP

- Attach a copy of the certificate of attestation issued by the Québec Enterprise Register, which must be ordered on the website of the Québec Enterprise Register.

The partnership or company was created under a law of another Canadian province.

- Attach a copy of the certificate of attestation issued by the Québec Enterprise Register and a copy of any document issued by the province in which the partnership or company was created, attesting to its existence.

13 – Certification, irrevocable written authorization and confirmations

Name of the member/respondent duly authorized by the partnership or company I	Name of the partnership or company On behalf of the partnership or company
No., street, municipality, city, province, postal code and country	
Domiciled at	
<ul style="list-style-type: none">- Attest that I am the person authorized by the partnership or company to sign this Declaration, that the information declared is complete, true and exact and that the required documents accompany this Declaration.- Enter the right to the persons, committees and tribunal referred to by section 192 of the Professional Code to require from any person who keeps such a record the production and delivery of a document mentioned in section 15 of the Regulation or a copy of such a document.- Attest that the shares held as well as the administrative rules of the partnership or company comply with the conditions provided in the Regulation respecting the practice of the medical profession within a partnership or company.- Confirm that the conditions provided in section 1 of the Regulation respecting the practice of the medical profession within a partnership or company are respected, specifically those provided in the first paragraph of section 1 of the Regulation.	
Signature:	Date:

Checklist

(Check the boxes and verify if you have performed all actions indicated)

I have completed all the sections of the Declaration and I have verified that all the information declared is complete, true and exact.	<p>Please submit your file and all accompanying documentation to : incorporation@cmq.org</p> <ul style="list-style-type: none"> • All documents must be in PDF format; • One complete file per email (if submitting multiple files at once, please submit each file in a separate email); • Include the Doctor's name or corporation in the subject line.
I have attached pages 1 to 7 of the Declaration and the Appendices (if any).	
I have attached to the Declaration the written confirmation required in section 9 (if any).	
I have attached the declaration of sole shareholder (if any).	
I have attached to the Declaration the document(s) required in section 12.	
I have affixed my signature, the date and the information requested in section 13 of the Declaration	
Once the file is submitted by email, you will receive a confirmation email notifying that the invoice is available in the Bottin sécurisé.	

Review of sections 1 and 15 of the Regulation respecting the practice of medical profession within a partnership of company

The documents for which the physician obtains the authorization of the partnership or company to release or obtain a copy are the following:

If the physician practices within a joint-stock company (INC)	If the physician practices within a LIMITED LIABILITY PARTNERSHIP (LLP)
a) The complete and updated register of the articles and bylaws of the joint-stock company within which he practices, the shares of the joint-stock company and the directors of the joint-stock company; b) Any shareholders' agreement and voting agreement and any amendment thereof ; c) The Declaration of registration of the joint-stock company and its updates; d) The name of the principal officers of this joint-stock company and the address of their professional domicile.	a) The Declaration of registration of the partnership and its updates; b) The partnership agreement and its amendments; c) The complete and updated register of the partners of the partnership and, if any, the complete and updated register of the directors of this partnership; d) The name of the principal officers of this partnership and the address of their professional domicile.

All of the voting rights attached to the shares of the partnership or company are held:

- by at least 1 physician;
- by a legal entity, a trust or another enterprise in which the voting rights associated with its shares or ownership interests are held entirely by at least one physician;
- by a trust of which at least 50% of the voting rights associated with the ownership interests are held by at least one physician and at most 50% by one of the following professionals: a chartered administrator, a lawyer, a certified professional accountant or a notary.
- or by both persons, trusts or enterprises referred to in sub-paragraphs a), b) or c).

The only persons or enterprises, besides those referred to in (1) who own shares of the partnership or company are:

- physicians;
- the spouse, blood relatives or relatives by marriage of a physician holding the rights referred to in (1);
- legal entities, trusts or other enterprises in which the voting rights associated with shares or ownership interests are owned entirely by the persons referred to in sub-paragraphs a) or b);
- a trust in which at least 50% of the voting rights associated with the ownership interests are held by persons referred to in sub-paragraphs a) or b) and at most 50% by only one of the following professionals: a chartered administrator, a lawyer, a certified professional accountant or a notary;
- or both by a person, an enterprise or a trust referred to in sub-paragraphs a), b), c) or d);

Only the directors on the Board of Directors of the partnership or joint-stock company, as well as the partners or directors named by the partners to manage the affairs of the limited liability partnership may only be physicians.



COLLÈGE DES MÉDECINS
DU QUÉBEC

Appendix A

Full name and address of all other establishments/places of business

Name or registered name:

Address

No.:	Street:		
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Municipality/City:	Province/State:	Postal code:	Country:
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Name or registered name:

Address

No.:	Street:		
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Municipality/City:	Province/State:	Postal code:	Country:
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Name or registered name:

Address

No.:	Street:		
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Municipality/City:	Province/State:	Postal code:	Country:
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Name or registered name:

Address

No.:	Street:		
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Municipality/City:	Province/State:	Postal code:	Country:
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Name or registered name:

Address

No.:	Street:		
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Municipality/City:	Province/State:	Postal code:	Country:
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Name or registered name:

Address

No.:	Street:		
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Municipality/City:	Province/State:	Postal code:	Country:
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COLLÈGE DES MÉDECINS
DU QUÉBEC

Appendix B

Required list of all individuals with a role in the partnership or company

Individual (To be completed only when an individual other than the member/respondent plays a role in the partnership or company)

- Name of the individual** (First name, Last name):
- Is this person a member of the CMQ? No Yes Permit no.:
- What is the person's status or function within the partnership or company? (Check all applicable choices)
Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:
▶ Please indicate the percentage of voting rights held: %
- Is this person the spouse of a physician holding voting rights in the partnership or company?
No Yes
- Is this person a blood relative or relative by marriage of a physician holding voting rights in the partnership or company?
No Yes Identify the relationship
- Does this person exercise the profession within the partnership or company? No Yes
- Is this person a member of the CMPA? No Yes Enter the membership no.

Individual (To be completed only when an individual other than the member/respondent plays a role in the partnership or company)

- Name of the individual** (First name, Last name):
- Is this person a member of the CMQ? No Yes Permit no.:
- What is the person's status or function within the partnership or company? (Check all applicable choices)
Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:
▶ Please indicate the percentage of voting rights held: %
- Is this person the spouse of a physician holding voting rights in the partnership or company?
No Yes
- Is this person a blood relative or relative by marriage of a physician holding voting rights in the partnership or company?
No Yes Identify the relationship
- Does this person exercise the profession within the partnership or company? No Yes
- Is this person a member of the CMPA? No Yes Enter the membership no.

Individual (To be completed only when an individual other than the member/respondent plays a role in the partnership or company)

- Name of the individual** (First name, Last name):
- Is this person a member of the CMQ? No Yes Permit no.:
- What is the person's status or function within the partnership or company? (Check all applicable choices)
Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:
▶ Please indicate the percentage of voting rights held: %
- Is this person the spouse of a physician holding voting rights in the partnership or company?
No Yes
- Is this person a blood relative or relative by marriage of a physician holding voting rights in the partnership or company?
No Yes Identify the relationship
- Does this person exercise the profession within the partnership or company? No Yes
- Is this person a member of the CMPA? No Yes Enter the membership no.



**COLLÈGE DES MÉDECINS
DU QUÉBEC**

Appendix C

Required list of all legal entities or other enterprises that are partners or shareholders in the partnership or company

Legal entity or other enterprise

(To be completed only when a legal entity or an enterprise owns shares in the partnership or company)

1. **Name or registered name:**
2. Legal form:
3. Québec Enterprise No. (NEQ):
4. Is it a partner (LLP) or shareholder (INC) in the partnership or company? No Yes
 - ▶ Please indicate the percentage of voting rights held: %
5. You must list all partners or shareholders and the directors of the legal entity or the enterprise. When shares of the legal entity or the enterprise are owned by another legal entity, please indicate the registered name or name of the legal entity in the column entitled "Name of the partner, shareholder or director" of the Table below and complete [Appendix C or D](#) for this other legal entity.

List of partners or shareholders and directors of the legal entity or enterprise

Name of the partner, shareholder or director	Involvement	Member of the Collège des médecins du Québec	Relationship	
Enter the name of the individual (First name, Last name) or the registered name or name of the legal entity.	Check the appropriate box and enter the percentage of voting rights held, where applicable.	If an individual, indicate whether this person is a member of the Order. If yes, enter the person's permit no.	If an individual, check the appropriate box and identify the relationship with the physician holding voting rights in the partnership or company identified in section 2 of the Declaration.	
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage	Blood relative Professionnal



COLLÈGE DES MÉDECINS
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Appendix D

Required list of all trusts that are partners or shareholders in the partnership or company

Trust

(To be completed only when a Trust owns shares in the partnership or company)

1. **Name of the Trust:**

2. Is it a partner (LLP) or shareholder (INC) in the partnership or company? No Yes

▶ Please indicate the percentage of voting rights held: %

3.

List of trustees		
Name of the trustee	Member of the Collège des médecins du Québec	Relationship
Enter the name of the individual (First name, Last name) or the registered name or name of the legal entity.	If an individual , indicate if this person is a member of the Order. If yes, enter the permit no.	If an individual , check the appropriate box and identify the relationship with the physician holding voting rights in the partnership or company identified in section 2 of the Declaration.
	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Blood relative Professionnal Relationship :
	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Blood relative Professionnal Relationship :
	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Blood relative Professionnal Relationship :
	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Blood relative Professionnal Relationship :
	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Blood relative Professionnal Relationship :

Handbook

This handbook is intended to assist the person who completes the Declaration for authorization to practice the medical profession within a partnership or company (the “Declaration”). The obligation to file the Declaration is stipulated in the Regulation respecting the practice of the medical profession within a partnership or company (the “Regulation”), whose text takes precedence over this handbook. It is necessary to consult the incorporating documents of the joint-stock company or the agreement constituting the limited liability partnership to ensure the accuracy of the information declared.

The Declaration may be printed and completed in print characters or it can be saved and completed on the screen before being printed. The completed version must then be sent by mail to the Collège des médecins du Québec (the “Collège”), to the attention of the Assistant Secretary, duly signed and accompanied by all required documents.

Annual update Each year, when paying their annual dues, physicians must also update the information about their partnership or company. A section concerning the practice of the medical profession within a partnership or company is included in the Annual Declaration. A fee of \$25 is charged for this update.

Current update Physicians must notify the Secretary of the Collège in writing of any change in the information included in their Declaration. This notification must be sent using the “Amended Declaration for authorization to practice the medical profession within a partnership or company” and be received by the Secretary of the Collège within thirty (30) days of the change. Physicians must also give notice of the addition of partners or shareholders, the cancellation of the coverage stipulated in Division III of the Regulation (“umbrella coverage”), dissolution, assignment of assets, bankruptcy, voluntary or forced liquidation of the partnership or company or any situation likely to constitute an impediment to the continuance of their activities within the partnership or company.

1 – Member / Respondent

The person who completes the Declaration (the respondent) enters their family name, first name and permit number. The respondent must be a physician registered on the Membership Roll of the Order.

In accordance with section 17 of the Regulation, the respondent, on behalf of the physicians practicing within the partnership or company, may satisfy the conditions stipulated in section 3 when the partnership or company within which he practices the profession includes more than one physician. In this case, the respondent has been authorized by these physicians, in application of the Regulation, to respond to requests from the syndic, an assistant syndic, a corresponding syndic, an inspector, an investigator, a member of the Professional Inspection Committee or another representative of the Collège and to provide, when applicable, those documents these physicians are required to submit. The respondent is responsible for checking the accuracy of the information provided to the Collège.

2 – Identification of the partnership or company

The person completing the Declaration enters the name or registered name of the partnership or company, its Québec Enterprise Number (NEQ), as well as the complete address of its registered office, its principal establishment or its principal place of business, if that address is different.

The registered name must comply with applicable laws and regulations. Physicians are prohibited from making what is in any way a false, misleading or incomplete representation to the public or to a person seeking its services, specifically with respect to their level of competence or to the scope or efficacy of their services and those generally provided by the members of the medical profession. Moreover, the name of the partnership or company must not be misleading with respect to the activities practiced within it. Nor must the name be used by another enterprise or be subject to confusion with a name already in use. It must be in French or contain a French version. An LLP must correctly indicate its legal form by including the expression “limited liability partnership” in its name or the initialism “LLP” at the end of its name. Moreover, the name of a company that does not include the term “company” or “joint-stock corporation” must end with the abbreviation “Inc.” or Ltd.”, to indicate that it is a limited liability enterprise.

It is likewise allowed to enter in the name of the company or end the name with the words “Firm of Professionals Governed by the Professional Code” or the initialism “FPGPC” to distinguish it from partnerships or companies consisting of individuals not subject to that kind of legal framework, but this indication is not mandatory. Numbered companies (e.g. 1234-5678 Québec Inc.) are allowed. However, the name “used” with the public must be compliant and expressed in words (e.g. Dr. Smith’s Medical Clinic). Thus, the company must engage in its professional activities under a name other than its number. Moreover, the name expressed in words must be entered in section 3 of the Declaration and in the section entitled “Other names used in Québec” on the Québec Enterprise Register.



N.B.: A physician may use for his partnership or company his initials or his name, but it must be identical to the name on his license.

The NEQ number is issued when the partnership or company is entered in the Québec Enterprise Register.

The registered office of the partnership or company may be defined as the professional’s address before incorporation. However, the member/respondent must nevertheless enter in section 5 of the Declaration the name and complete address of the establishment(s) or the place(s) of business of the partnership or company. Use Appendix A if more space is needed.

3 – Other names or registered names used by the partnership or company

If the partnership or company uses other names or registered names than the name or registered name declared in section 2, the person completing the Declaration enters the names or registered names used by the partnership or company in the practice of its activities. All names and registered names used must be declared.

4 – Legal form of the partnership or company

The person who completes the Declaration must check the appropriate box to identify the legal form of the partnership or company. The appropriate box must also be checked to indicate whether or not it is the continuance of a general partnership as a limited liability partnership. Finally, the person must also describe the nature of the main professional activities practiced within the partnership or company. These activities must be a medical professional's activities.

5 – Full name and address of all other establishments/ places of business

If the partnership or company has establishments or places of business other than the one indicated in section 2, the person completing the Declaration enters the full name and address of these establishments or places of business. All establishments and places of business of the partnership or company must be declared. Use Appendix A if more space is needed.

The office or the clinic of a physician constitutes an establishment and must be entered in the Declaration. As for the hospital with which a physician is associated for the practice of his profession, it does not constitute an establishment unless the partnership or company has an office that is identified by its name or a telephone line or a mailing address at that hospital or if it is the only place where the physician engages in his activities.

6 – Required list of all individuals with a role in the partnership or company

(Partner or shareholder, officer, director, employee or other)

The person who completes the Declaration must fill in the appropriate boxes to answer all questions for each individual with a role in the partnership or company. It should be noted that the term "employee" in this context refers only to physicians entered on the roll of the Order. The "other employees" (e.g. secretary) do not have to be declared.

The sub-section entitled MEMBER/RESPONDENT must be completed in all cases, while the sub-section entitled INDIVIDUAL must be completed only when an individual other than the member/respondent plays a role in the partnership or company. One sub-section per individual must be completed; use Appendix B if more space is needed.

The term "blood relative" means all persons within the family of a physician who is a partner or a shareholder in the partnership or company. "Relative by marriage" means all those persons related by marriage; this is the civil relationship between each spouse and the relatives of the other spouse created by marriage. All the relatives of each of them become, from the effect of marriage, related to the other by marriage. It should be noted that the de facto spouse of a physician may own shares without voting rights in the partnership or company, as may the relatives of the de facto spouse.

7 – Required list of all legal entities or other enterprises that are partners or shareholders in the partnership or company

The person completing the Declaration must complete this section only when one or more of the legal entities or other companies owns shares in the partnership or company. The appropriate boxes must contain answers to all the questions for each legal entity or other enterprise. Use Appendix C if more space is needed.

When the shares of the legal entity or the enterprise are owned by another legal entity, the registered name or name of the legal entity that is a partner or shareholder must be entered in the column of the table entitled "Name of the partner, shareholder or director" and Appendix C must be completed for this additional legal entity.

8 – Required list of all trusts that are partners or shareholders in the partnership or company

The person completing the Declaration must complete this section only when one or more trusts owns shares in the partnership or company. This person completes the appropriate boxes with answers to all the questions for each trust. Use Appendix D if more space is needed. It should be noted that there is no requirement to list the beneficiaries of the trust.

9 – Attestation of umbrella insurance

The person completing the Declaration must check the appropriate box and attach the document(s) required only if the general letter from the Canadian Medical Protection Association (CMPA) to the Collège is not applicable.

When the partnership or company consists of a single physician, member of the CMPA, who will practice within the partnership or company, that physician must contact the CMPA to verify whether the general letter is applicable. If it is, that letter qualifies as the insurance attestation required and no other attestation must be attached to the Declaration.

When the partnership or company consists of several physician members of the CMPA who will practice within the partnership or company, each physician must contact the CMPA to obtain written confirmation that the partnership or company has umbrella coverage. **In this instance, one written confirmation from the CMPA must be attached for each physician who will practice within the partnership or company.**

When the partnership or company is formed by one or more physicians who are not members of the CMPA who will practice within the partnership or company, the private insurer or other competent authority must be contacted to obtain a written confirmation that the partnership or company has umbrella coverage. **In this case, one written confirmation from the insurer or other competent authority must be attached for each physician who will practice within the partnership or company.**

10 – Fees payable

The person completing the Declaration must check the box and attach the required amount:

- 1- A cheque of \$300.00 for each physician member of the Collège who will practice within the partnership or company;
- 2- A cheque of \$300.00 for each physician member of the Collège who practice the medical profession within a partnership or company who is partner or shareholder of the partnership or company for which the authorization is sought.

11 – Declaration of sole shareholder

A sole shareholder is able to sign a written declaration known as a "declaration of sole shareholder" restricting or withdrawing all or some of the powers of the directors of a corporation. In restricting all of these powers, the sole shareholder may choose to avoid establishing a board of directors. The person completing the declaration must attach a copy of the declaration of sole shareholder.

12 – Other required document(s)

The person completing the Declaration must check the appropriate box(es) and attach a copy of the required document(s).

- For a **newly constituted partnership or company**, it is necessary to attach a **copy of the certificate of constitution** issued by the Québec Enterprise Register.
- For a **newly partnership or company constituted pursuant to the Canada Business Corporations Act (R.S.C. (1985) c. C-44)**, it is necessary to attach a **copy of the certificate of constitution and the certificate of compliance** issued by Industry Canada.
- For a **newly constituted limited liability partnership**, it is necessary to attach a **copy of the certificate of attestation** issued by the Québec Enterprise Register. This certificate is ordered on the Register's website in the "Online Services" section.
- For a **partnership or company that had already been created for other purposes** than for the practice of the medical profession and which has been amended or modified in order to satisfy the terms and conditions of the Regulation or for a **continuance of a general partnership as a limited liability partnership**, it is necessary to attach a **copy of the certificate of attestation** issued by the Québec Enterprise Register. This certificate is ordered on the Register's website in the "Online Services" section.
- For a **partnership or company constituted pursuant to a law of another Canadian province**, it is necessary to attach a **copy of the certificate of attestation** issued by the Québec Enterprise Register and a **copy of any document attesting to its existence issued by the province in which the partnership or company was founded.**

13 – Certification, irrevocable written authorization and confirmations

The member/respondent must enter his first and last name, his home address, the name of his partnership or company, his signature, and the date. By placing his signature, the member/respondent attests that he is the person authorized by the partnership or company to sign the Declaration, that the information declared is complete, true and accurate and that the required documents accompany the Declaration. He confirms, on behalf of the partnership or company, that the conditions provided in section 1 of the Regulation have been respected and allows, on behalf of the partnership or company, the persons, committees and tribunal stipulated in section 192 of the Professional Code to require any person who has custody of a document mentioned in section 15 of the Regulation to produce and release it or a copy of it. Finally, he attests, on behalf of the partnership or company, that the share ownership and administrative rules of the partnership or company comply with the conditions provided in the Regulation.

Checklist

The person who completes the Declaration must check the boxes and satisfy himself that he has performed all required actions. **The Declaration and the required documents must be returned to the Collège, to the attention of the Director of Legal Services, at 1250 René-Lévesque Blvd. West, Office 3500, Montréal, Québec, H3B 0G2, Canada.**

For any other additional information, please contact the **Direction des Services juridiques of the Collège, at (514) 933-4441 ext. 4459, or toll-free at 1 (888) 633-3246 ext. 4459, by fax at (514) 933-3276 or incorporation@cmq.org.**