

Amending declaration

Notice: This Amending Declaration is intended to modify or correct a “Declaration for authorization to practice the medical profession within a partnership or company” that has already been filed with the Collège. Please complete only those sections where an update is required, as well as the obligatory sections 1, 2 and 12.

* The handbook is at the end of the Declaration form

1 – Member / Respondent

(This section is obligatory.)

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

(This section is obligatory.)

Name or Registered Name:			
NEQ (Québec Enterprise Number issued by the Québec Enterprise Register):			
Address			Check this box if you are modifying the address
No.:	Street:		
Municipality/City:	Province/State:	Postal Code:	Country:

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

(Please check the appropriate box and enter only the modified information)

Name (s) or registered name (s):			
Addition	Correction	Removal	
Addition	Correction	Removal	

4 – Legal form of the partnership or company

Legal form:

The partnership or company has had the coverage contemplated in Division III of the Regulation cancelled as of
 The partnership or company has been dissolved as of
 The partnership has been subject to an assignment of assets, bankruptcy, voluntary or forced liquidation as of
 The partnership has undergone a change in its legal form as of

Please specify the nature of this change (This field is obligatory if the company has been the object of a change in its legal form)

Nature of the principal professional activities practiced within the partnership or company:

Correction (Enter only the corrected information)

Replacement (Enter only the new information)

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

(Please check the appropriate box and enter only the changed information)

Addition	Correction	Removal
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 only if there is a replacement of the member/respondent or when the partnership or company wishes to correct the information provided to the Collège about this person).	
Correction (Enter only the new information)	Replacement (Enter only the new information)
<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 style="margin-left: 20px;">Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:</p> <p style="margin-left: 40px;">▶ Please indicate the percentage of voting rights held: %</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 or when corrections are made regarding one individual.)

Addition	Correction (Enter only new information)	Removal
<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 style="margin-left: 20px;">Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:</p> <p style="margin-left: 40px;">▶ 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 style="margin-left: 20px;">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 style="margin-left: 20px;">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 or when corrections are made regarding one individual.)

Addition	Correction (Enter only new information)	Removal
<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 style="margin-left: 20px;">Director Officer Shareholder (Inc.) Partner (LLP) Employee Other, specify:</p> <p style="margin-left: 40px;">▶ Please indicate the percentage of voting rights held (if applicable): %</p> <p>4. Is this person the spouse of a physician holding voting rights in the partnership or company?</p> <p style="margin-left: 20px;">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 style="margin-left: 20px;">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>		

Check this box if the voting rights are equitably redistributed among the	partners /shareholders at	% each.
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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) is added or when corrections are made to one legal entity or other enterprise)

Addition Correction (Enter only the new information) Removal

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 partner or shareholder 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 Relationship :	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Relationship :	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Relationship :	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Relationship :	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Relationship :	Blood relative Professionnal

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 is added or removed or when corrections are made to one trust)

Addition Correction (Enter only new information) Removal

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 :

9 – Attestation of umbrella insurance

(Check the appropriate box only if the situation of the partnership or company has changed with respect to the required attestation of umbrella insurance and attach the written confirmation required, if appropriate)

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 if 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 "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 the 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.

NOTICE: 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

Check the box only if one or more physician members of the Collège are being added.

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 amending declaration 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

(Check the box only if the sole shareholder restricts the powers of the directors of a corporation.)

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. The person completing the declaration must attach a copy of the declaration of sole shareholder.

12 – Certification, irrevocable written authorization and confirmations

(This section is obligatory)

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.- On behalf of the partnership or company mentioned in section 2 of this Declaration, 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.- On behalf of the partnership or company mentioned in section 2 of this Declaration, allow 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.- On behalf of the partnership or company mentioned in section 2 of this Declaration 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.	
Signature:	Date:

Checklist

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

I have completed all the sections of the Amended 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 Amended Declaration and the Appendices (if any).	
I have attached to the Amended Declaration the written confirmation required in section 9 (if any).	
I have attached the declaration of sole shareholder (if any).	
I have affixed my signature, the date and the information requested in section 12 of the Amended Declaration.	
Once the file is submitted by email, you will receive a confirmation email notifying that the invoice is available in the Bottin sécurisé. (if any)	

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)
<p>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;</p> <p>b) Any shareholders' agreement and voting agreement and any amendment thereof ;</p> <p>c) The Declaration of registration of the joint-stock company and its updates;</p> <p>d) The name of the principal officers of this joint-stock company and the address of their professional domicile.</p>	<p>a) The Declaration of registration of the partnership and its updates;</p> <p>b) The partnership agreement and its amendments;</p> <p>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;</p> <p>d) The name of the principal officers of this partnership and the address of their professional domicile.</p>

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 or when corrections are made regarding one individual.)

Addition Correction (Enter only new information) Removal

- 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 or when corrections are made regarding one individual.)

Addition Correction (Enter only new information) Removal

- 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 the 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 or when corrections are made regarding one individual.)

Addition Correction (Enter only new information) Removal

- 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) is added or when corrections are made to one legal entity or other enterprise)

Addition Correction (Enter only the new information) Removal

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 partner or shareholder 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 Relationship :	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Relationship :	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Relationship :	Blood relative Professionnal
	Partner Shareholder Administrator Voting rights held: %	Non-member Member of the CMQ Permit No.:	Spouse Relative by marriage Relationship :	Blood relative Professionnal



COLLÈGE DES MÉDECINS
DU QUÉBEC

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 is added or removed or when corrections are made to one trust)

Addition Correction (Enter only new information) Removal

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 Amended Declaration for authorization to practice the medical profession within a partnership or company (the “Amended Declaration”). The obligation to file the Amended 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 Amended 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 in order to be authorized to practice the medical profession within a partnership or company. This notification must be sent using the Amended Declaration 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 Amended Declaration (the respondent) **must** enter 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 Amended Declaration **must** give 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.

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

If the partnership or company wishes to add, correct or remove a name or a registered name other than the name or registered name declared in section 2, the person completing the Amended Declaration checks the appropriate box and enters the name or registered name(s) concerned by these changes. It should be noted that all names and registered names used must be declared.

4 – Legal form of the partnership or company

If the company or partnership has had the coverage stipulated in Division III of the Regulation cancelled, has been dissolved, has undergone the assignment of its assets, bankruptcy or voluntary or forced liquidation or if it has had its legal form changed, the person who completes the Amended Declaration must check the appropriate box and specify the date of the change. Likewise, when the company or partnership has had its legal form changed, the nature of the change must be specified.

When the company or partnership has corrected or replaced the nature of the professional activities practiced within it, the person who completes the Amended Declaration checks the appropriate box and enters the corrected or new information. 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 wishes to add, correct or remove an establishment or a place of business declared in section 5 of the Declaration for authorization to practice the medical profession in a partnership or company, the person completing the Amended Declaration must enter the full name and address of this establishment or place 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 Amended 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)

If the partnership or company wishes to change the information provided to the Collège relative to one of the individuals who has a role in the partnership or company, the person who completes the Amended Declaration must fill in the appropriate sub-section(s) and answer all questions for each of these individuals. All partners or shareholders, directors, officers and employees must be declared. 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 when a member/respondent is being replaced or when the partnership or company wishes to correct information provided to the Collège about that individual.

The sub-section entitled **INDIVIDUAL** must be completed only when an individual other than the member/respondent is being added or removed or when corrections are made regarding these individuals. 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

If the partnership or company wishes to add, remove or correct one or more of the legal entities or other enterprises owning shares in the company, the person completing the Amended Declaration must check the appropriate boxes and answer 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

If the partnership or company wishes to add, remove or correct one or more trusts owning shares in the partnership or company, the person completing the Amended Declaration check the appropriate boxes and answer all the questions for each trust. Use Appendix D if more space is needed.

9 – Attestation of umbrella insurance

If the situation of the partnership or company changes with respect to the required attestation of umbrella insurance, the person completing the Amended Declaration must check the appropriate box and attach the document(s) required when the general letter from the 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 Amended 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.**

NOTICE: As provided in the Regulation, it is the responsibility of the physician practicing his profession within the partnership or company to provide and maintain coverage for that partnership or company for the liability it could incur because of faults or negligence committed by the physician in the practice of his profession. The physician must be sure to maintain this coverage at all times or to ensure that the company or partnership remains eligible for assistance from the CMPA if it has sent the Collège proof that the partnership or company is eligible for this assistance pursuant to section 14 of the Regulation. The coverage and the written confirmation from the CMPA, the private insurer or competent authority must comply with the requirements stipulated in Division III of the Regulation.

10 – Fees payable

If a physician member of the Collège who will practice within the partnership or company is being added, the person completing the Amended Declaration must check the box and attach the required cheque for \$300.00 for each physician member of the Collège who will practice within the partnership or company and 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 amending declaration is sought. This cheque must be made payable to the Collège des médecins du Québec.

11 – Declaration of sole shareholder

If the sole shareholder restricts 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 amending declaration must attach **a copy of the declaration of sole shareholder**.

12 – Certification, irrevocable written authorization and confirmations

The member/respondent must enter his first and last name, his home address, 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 Amended Declaration, that the information declared is complete, true and accurate and that the required documents accompany this Amended Declaration. He confirms, on behalf of the partnership or company, that the conditions provided in section 1 of the Regulation have been respected and on behalf of the partnership or company, allows 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 Amended Declaration must check the boxes and verify that he has performed all required actions. **The Amended 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.**