

PEI Psychologists Registration Board
P.O. Box 461
Charlottetown, PE
Canada C1A 7L1
peiprb@gmail.com

Application for Registration as a Professional Psychology Corporation

1. NAME OF PROFESSIONAL PSYCHOLOGY CORPORATION PEI CORPORATION #

Note: The name of the Corporation must comply with the requirements of Section 10 of the General Regulations of the Psychologists Act, 2009.

2. CORPORATE ADDRESS OF PROFESSIONAL PSYCHOLOGY CORPORATION

STREET: SUITE:

CITY: PROVINCE: POSTAL CODE:

TEL: FAX: E-MAIL:

3. NAME(S) OF VOTING SHAREHOLDER(S) AS OF THE DAY THE APPLICATION IS SUBMITTED (*must be registered with the PEI Psychologists Registration Board*) AND HIS/HER BUSINESS ADDRESS, BUSINESS TELEPHONE NUMBER AND REGISTRATION NUMBER WITH THE COLLEGE AS OF THAT DAY.

PEIPRB REGISTRATION NUMBER:

LAST NAME: GIVEN NAMES (underline one commonly used):

BUSINESS ADDRESS (STREET): SUITE:

CITY: PROVINCE: POSTAL CODE:

TEL: FAX: E-MAIL:

PEIPRB REGISTRATION NUMBER:

LAST NAME: GIVEN NAMES (underline one commonly used):

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PEIPRB REGISTRATION NUMBER:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
BUSINESS ADDRESS (STREET):		SUITE:
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

PEIPRB REGISTRATION NUMBER:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
BUSINESS ADDRESS (STREET):		SUITE:
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

(Attach additional pages, if necessary)

4. NAME(S) OF NON-VOTING SHAREHOLDER(S) AS OF THE DAY THE APPLICATION IS SUBMITTED (*must be eligible according to Psychologists Act, 2009, 18(3)(f)*) AND HIS/HER BUSINESS ADDRESS, BUSINESS TELEPHONE NUMBER AND BASIS OF ELIGIBILITY FOR SERVING AS A NON-VOTING SHAREHOLDER.

BASIS OF ELIGIBILITY TO SERVE AS NON-VOTING SHAREHOLDER:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
BUSINESS ADDRESS (STREET):		SUITE:
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

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BASIS OF ELIGIBILITY TO SERVE AS NON-VOTING SHAREHOLDER:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
BUSINESS ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

BASIS OF ELIGIBILITY TO SERVE AS NON-VOTING SHAREHOLDER:		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
BUSINESS ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

BASIS OF ELIGIBILITY TO SERVE AS NON-VOTING SHAREHOLDER::		
LAST NAME:	GIVEN NAMES (underline one commonly used):	
BUSINESS ADDRESS (STREET):	SUITE:	
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	E-MAIL:

(Attach additional pages, if necessary)

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5. NAME(S) OF DIRECTOR(S)/OFFICER(S) AS OF THE DAY THE APPLICATION WAS SUBMITTED (*must be registered with the PEI Psychologists Registration Board*).

Note: all Directors and Officers must also be Shareholders of the Corporation. Please check whether you are a Director only or also an Officer. If you are also an Officer, please indicate the title of your office.

PEIPRB REGISTRATION #	FULL NAME	DIRECTOR	OFFICER	TITLE OF OFFICE

6. NAME(S) OF INDIVIDUAL(S) WHO WILL PRACTISE THE PROFESSION THROUGH THE CORPORATION, INCLUDING SHAREHOLDERS AND PSYCHOLOGIST/PSYCHOLOGICAL ASSOCIATE EMPLOYEES OF THE CORPORATION:

PEIPRB REGISTRATION #	FULL NAME

7. THE CORPORATION INTENDS TO PRACTISE AND/OR CARRY ON BUSINESS AT THE FOLLOWING LOCATIONS, IF DIFFERENT FROM THE CORPORATE ADDRESS AS LISTED IN SECTION 2. (This does not include residential address of clients.)

STREET:	SUITE:
CITY:	POSTAL CODE: BUSINESS PHONE:

STREET:	SUITE:
CITY:	POSTAL CODE: BUSINESS PHONE:

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STREET:	SUITE:	
CITY:	POSTAL CODE:	BUSINESS PHONE:

8. Please provide a brief description of the professional activities to be carried out by the Corporation.

9. **SUPPORTING DOCUMENTATION:** The application includes the following documents:

Fee (\$288 - please e-transfer to peiprb@gmail.com)

Signed Application Form

Certified copy of Certificate of Incorporation (including the articles of incorporation)

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I confirm that the information contained in this Application for Registration as a Professional Psychology Corporation is complete and accurate:

Signature of Director Authorized to Sign on Behalf of the Corporation Date

Print Name

PEIPRB Registration Number

OFFICE USE ONLY

Application is approved

Application is denied

Reasons if denied:

Registrar's Signature

Date