

**PRINCE EDWARD ISLAND  
PSYCHOLOGISTS REGISTRATION  
BOARD**

c/o Department of Psychology, University of PEI  
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**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):	
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:

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:

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)

**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:

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

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

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

- Fee
- Signed Application Form
- Certified copy of Certificate of Incorporation (including the articles of incorporation)

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

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**OFFICE USE ONLY**

- Application is approved
- Application is denied

Reasons if denied: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date