



*Nova Scotia College of Chiropractors*

*Form: Renewal of Permit for Professional  
Chiropractic Corporations*

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**Nova Scotia College of Chiropractors Office**

**Attn.: President**

502-5657 Spring Garden Road, Box 142

Halifax, Nova Scotia B3J 3R4

**Re: Renewal of Permit for Professional Chiropractic Corporations**

As you are aware from relevant legislation, the permit issued to your company by the Board of the Nova Scotia College of Chiropractors expires on December 31<sup>st</sup> of each year. This permit is to be renewed between thirty (30) and ninety (90) days prior to its expiration.

The completed renewal form (Form B) and one hundred-dollar (\$100) renewal fee, along with additional relevant documentation should be received at my office no later than December 1<sup>st</sup> of each year.

As per section 80 of the Act, if there are any charges to the permit, please include these with your renewal (Schedule A) stating the director, officers and positions in your company.

Thank you in advance and please call if you have any questions.

Sincerely,

NSCC Registrar



## *Nova Scotia College of Chiropractors*

### *NSCC Form: Renewal of Permit for Professional Chiropractic Corporations*

#### **Application for Renewal of Permit (Form B)**

*(Pursuant to the Chiropractic Act).*



Only forms that are typed or legibly printed will be accepted.

1. The name of the professional corporation is: \_\_\_\_\_  
"The professional corporation"

2. The professional corporation is a valid and subsisting company limited by shares under the Companies Act, is registered and in good standing having paid the annual fees under the Professional Corporations Registration Act and is a private company as defined by the Securities Act.

Yes  No

3. All of the persons who carry on the practice of Chiropractic for or on behalf of the professional corporation are chiropractors licensed to practice chiropractic in Nova Scotia.

Yes  No

4. In the past year, have there been any changes respecting the shareholders, number of shares, share distribution, directors or officers of the professional corporation?

Yes  No



If **Yes**, complete the relevant Section(s) of Schedule A to this form and continue to Question 5. If **No**, go to Question 8.

5. In the past year, have there been any changes to the persons who carry on the practice of chiropractic for and on behalf of the professional corporation?

Yes  No



If **Yes**, complete Section 6 of Schedule A to this form and continue to Question 6. If **No**, go to Question 8.

6. All the directors of the professional corporation are chiropractors licensed to practice in Nova Scotia.

Yes  No

7. The majority of issued voting shares of the professional corporation are legally and beneficially owned by one or more chiropractors.

Yes  No

8. In the past year, have there been changes to the objects of the professional corporation?

Yes  No

9. The professional corporation undertakes that while its permit is in force, it will at all times faithfully comply with all the obligations of a registered chiropractor and with all of the rules and requirements of the Nova Scotia College of Chiropractors.

I, \_\_\_\_\_ a chiropractor licensed to practice chiropractic in Nova Scotia and a shareholder and director of the professional corporation, hereby verify to the Nova Scotia College of Chiropractors that the information and particulars contained in this application form and schedule are true and complete.

Dated at \_\_\_\_\_, Nova Scotia on the \_\_\_\_ day of \_\_\_\_\_ ,

Name of Professional Corporation: \_\_\_\_\_ .

Director: \_\_\_\_\_

Chiropractic License No.(Affix Corporate Seal): \_\_\_\_\_



Note: Where changes have been indicated above, the relevant sections of Schedule A must also be completed.



Please return to:

**Nova Scotia College of Chiropractors Office**

**Attn.: Registrar**

502-5657 Spring Garden Road, Box 142 □ Halifax, Nova Scotia □ B3J 3R4

Phone: (902) 425-2445 □ Fax: (902) 425-2441 □ Email: [inquiries@chiropractors.ns.ca](mailto:inquiries@chiropractors.ns.ca)



## *Nova Scotia College of Chiropractors*

### *NSCC Form: Schedule A of Application for Renewal of Permit of Incorporation*

#### **Schedule A of Application for Renewal of Permit of Incorporation**

Complete, where applicable, if there have been changes in the past year.

1. Total number of Issued voting shares \_\_\_\_\_  
Issued non-voting shares \_\_\_\_\_

2. Issued shares legally of beneficially owned by registered chiropractors:

Shareholder Name & Address	No. of Shares	Voting or Non-Voting
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3. Issued shares legally of beneficially owned by shareholders other than registered chiropractors:

Shareholder Name & Address	No. of Shares	Voting or Non-Voting
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4. Issued shares held in trust:

Beneficial Owner Trustee & Address	No. of Shares	Voting or Non-Voting
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_____		

5. Professional corporation directors and officers:

Name	Address	Title or Position
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6. The persons who will carry on the practice of chiropractic for or on behalf of the professional corporation, each of whom is a registered chiropractor in Nova Scotia.

Name	Address
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_____	



Please return to:

**Nova Scotia College of Chiropractors Office**

**Attn.: Registrar**

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