

Renewal of Certificate

Declaration

l,	ا را	holding College registration number,
[Insert	Full Name of Psychologist or Psychological Associate]	
am a D	irector of[Insert Full Name of Health Profession Corpora	, do hereby declare the following:
1.	that the corporation is in compliance with s date this declaration is signed,	section 3.2 of the <i>Business Corporations Act</i> as of the
2.	2. that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession,	
3.	_	s of the corporation since the date of the corporation n for a Certificate of Authorization that accompanies
4.	4. that the information contained in the application for a Certificate of Authorization that accompanies this declaration is complete and accurate as of the day this declaration is signed.	
S	ignature of Declarant	 Date