

The North Carolina Medical Board

Certificate of Application and Registration for a Foreign Professional Corporation for the Practice of Medicine in North Carolina

1. The name of the professional corporation is: _____
2. The state under whose laws the professional corporation was incorporated under for the purpose of practicing medicine is: _____

The undersigned, being the _____ Title of the above foreign professional corporation certifies to the North Carolina Medical Board:

1. All persons who are currently shareholders of said corporation and who are employed by said corporation to practice medicine for said corporation are duly licensed to practice medicine.
2. The name, address and title of all shareholders are: *(Requirements: one shareholder, one director and one officer of the corporation must be licensees of the NCMB and sign this application)*

Shareholders Licensed in North Carolina

<u>NAME</u>	<u>LICENSE TYPE</u>	<u>CORPORATE TITLE</u>	<u>ADDRESS, STATE AND ZIP</u>

Shareholders Not Licensed in North Carolina

(All of the shares of stock of the corporation are required to be owned and held by a licensee(s))

<u>NAME</u>	<u>LICENSE TYPE</u>	<u>STATE OF LICENSURE</u>	<u>LICENSE NUMBER</u>

3. To the best of my knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any of the persons listed above.
4. I represent that the Corporation will be conducted in compliance with the North Carolina Professional Corporation Act and with the regulations of the North Carolina Medical Board.

5. Application is hereby made for a Certificate of Registration to be made effective when the Certificate of Authority is filed with the Secretary of State.

This the ____ day of _____, 20__

Name/ Title (signature)

Name/ Title (print)

STATE OF _____

COUNTY OF _____

I hereby certify that name _____
being the title _____ of Corporation name _____,
a corporation incorporated under the laws of state of incorporation _____
for the purpose of practicing medicine, personally appeared before me this day and stated that
he/she has read the foregoing Certificate of Application and Registration and that the statements
contained therein are true.

Witness my hand and seal, this the ____ day of _____, 20__

Notary Public

My commission expires: _____

