## <u>Declaration and Consent for Medicine Professional Corporations as Group Physicians</u>

To: Ministry of Health and Long-Term Care (the "Ministry")

And To: Physician Clinical Teachers' Association (the "Physician Organization")

And To: Northern Teaching Hospitals Council (the "Hospital Organization")

And To: Northern Ontario School of Medicine ("NOSM")

And To: Ontario Medical Association (the "OMA")

Professional Corporation] (the "MPC") is a Group Physician as that term is defined in the agreement entered into among the Physician Organization, the Hospital Organization, NOSM (collectively referred to as the "Governance Organization"), the Ministry and the OMA effective as of the 1st day of April, 2016, including all appendices and any amendments to the agreement (the "Agreement").

- 2. Capitalized terms used, but not defined, in this Declaration and Consent have the same meanings as those terms have in the Agreement.
- 3. On behalf of and with the authority of the MPC, I declare that:
  - (a) The MPC has read and understands the Agreement;
  - (b) The MPC is duly incorporated and validly subsisting pursuant to the laws of Ontario;
  - (c) The MPC has full power and authority to enter into the Agreement and to observe, perform and comply with the terms and conditions of the Agreement, and all necessary action has been taken in order to enter into and authorize the Agreement;
  - (d) The MPC holds, and shall continue to hold for as long as it provides Academic Activities, all registrations and certificates necessary to carry on business in Ontario and to perform its obligations under the Agreement; and
  - (e) The MPC authorizes the lead physician for the Physician Organization, as may be specified from time to time in Appendix "G" of the Agreement (or as may be designated in writing to all Parties in accordance with the Agreement), to sign the Agreement on behalf of the MPC.
- 4. In consideration of the remuneration the MPC will receive from the Governance Organization:

- (a) the MPC shall continue to be a Group Physician for as long as it provides Clinical Services and Academic Activities;
- (b) as a Group Physician, the MPC is a member of the Physician Organization and shall continue to be a member of the Physician Organization for as long as it provides Clinical Services and Academic Activities, and agrees that the obligations of the Physician Organization under the Agreement are the obligations of the Group Physicians collectively;
- (c) the MPC shall be bound by the terms and conditions of the Agreement as a Group Physician, and acknowledges that any reference in the Agreement to an appointment, membership, privilege, qualification, obligation, activity, service or right of the Group Physician that cannot be held or performed by a corporation, shall be understood to refer to the Designated Physician in her or his capacity as the agent of the MPC; and
- (d) the MPC authorizes the Ministry to disclose to the OMA the name of the MPC and the fact that the MPC is a Group Physician under the Agreement.
- 5. The MPC agrees that section 4(d) of this Declaration and Consent shall survive the termination of the Agreement.

| Name of Medicine Professional (   | Corporation   |                      |   |
|---|---------------|----------------------|---|
| Name and Title of Authorized Sig  | gning Officer |                      |   |
| Signature of Authorized Signing Officer   |               | Date                 |   |
|   |               |                      |   |
| I, the undersigned Designated P of Medicine Professional Corp Agreement as a Designated Phy | oration] agre | e to be bound by the | [enter name terms and conditions of the |
| Date:   |               |                      | _                                       |
| Name of physician:  |               |                      | _                                       |
| Signature of physician:   |               |                      | _                                       |
| Name of witness:  |               |                      | _                                       |
| Signature of witness:   |               |                      | _                                       |
| OHIP Number (billing number):   |               |                      | _                                       |
| College Registration Number:  |               |                      | _                                       |
|   |               |                      |   |