



MULTI-DISCIPLINE PARTNERSHIP

ADDITIONAL PROFESSIONAL PARTNER INFORMATION FORM

ABOUT PROFESSIONALS IN A MULTI-DISCIPLINE PARTNERSHIP

Each professional and, if the professional is a professional corporation, each individual who provides services through the professional corporation, must complete and sign a separate Professional Partner Information Form and submit it along with the Application for Multi-Discipline Partnership.

NOTE: If the professional is a professional corporation, one professional partner must attach a copy of the Certificate of Authorization and a list of the individuals who provide services through the professional corporation.

CHECKLIST

1. Complete and Original Additional Professional Partner Information Form - DO NOT FAX OR EMAIL

For each additional professional partner, complete and submit a separate Additional Partnership Professional Partner Information Form.

The Law Society of Ontario may investigate or verify any information supplied in this application, and may require further information from you before the application is approved. **Omissions or inaccuracies in responses may delay processing.**

If the space provided for any answer is insufficient, attach a separate sheet that is signed and dated by the applicant and staple it to the application.

2. Submit proof of payment or payment in the form of either:

- A receipt for payment by credit card from the Law Society Store. To pay, login to the Law Society Portal at <https://portal.lso.ca>. Select "LSO Store" in the left panel and then "Other Fees". Choose "MDP Additional Fee for Non-Licensee Partners". **Attach the receipt to your application.**

OR

- A certified cheque or money order in Canadian funds payable to "Law Society of Ontario".

Application Fee:	\$50.00
HST: #121712863	\$6.50
Total:	\$56.50

The application fee is non-refundable and non-transferable.

The Law Society will not process applications submitted without proof of payment or a certified cheque or money order.

3. Proof of Insurance for each non-licensee professional partner.

INFORMATION FROM THE LAW SOCIETY

The Law Society no longer calls licensees to remind them about administrative obligations. Emails and Portal notices are used to inform licensees of any defaults and associated actions.

QUESTIONS?

Please direct questions about the review and approval of this application to:

Complaints & Compliance

Phone: 416-947-3315 (ask to be transferred)

Email: lsforms@lso.ca

MAILING ADDRESS

Mail **original** applications and supporting documents to:

**Law Society of Ontario, Complaints & Compliance
Osgoode Hall, 130 Queen Street West, Toronto, Ontario M5H 2N6**

DO NOT FAX OR EMAIL



NAME OF MULTI-DISCIPLINE PARTNERSHIP:

1. PROFESSIONAL PARTNER INFORMATION:

Partner's Full Name:

2. CONTACT INFORMATION:

Address (street, city, province, postal code):

Phone:

Mobile:

Email:

Will you provide services independently of the proposed multi-discipline partnership? Circle one.

YES NO

If YES, provide additional business contact information:

Business/Employer Name and Address (street, city, province, postal code):

Phone:

Mobile:

Email:

3. PROFESSIONAL SERVICES AND QUALIFICATIONS:

a) What profession, trade, or occupation will be provided to the clients of the proposed multi-discipline partnership?

b) How many years have you practised the profession, trade, or occupation?

c) **ACADEMIC BACKGROUND:**

Name of Academic Institution:

Degree/Certificate/Diploma Obtained:

Year Degree/Certificate/Diploma Obtained:

Name of Academic Institution:

Degree/Certificate/Diploma Obtained:

Year Degree/Certificate/Diploma Obtained:

Name of Academic Institution:

Degree/Certificate/Diploma Obtained:

Year Degree/Certificate/Diploma Obtained:

d) **PROFESSIONAL ASSOCIATION(S):**

Set out in chronological order your membership history in professional organizations where you are or have been a member.

Date From:

Date To:

Name, address, and telephone of the professional association:

Current Status:

Date From:

Date To:

Name, address, and telephone of the professional association:

Current Status:

e) **WORK EXPERIENCE:**

Date From:

Date To:

Employer's Name and Address:

Nature of Work:

Date From:

Date To:

Employer's Name and Address:

Nature of Work:

4. GOOD CHARACTER:

If you answer YES to either of the following questions, provide full details on a separate sheet and attach any relevant documents, including orders and/or judgments.

1. Have you ever been denied a licence or permit, or had any licence or permit revoked for failure to meet good character requirements?

YES NO

2. Are you now the subject of a prosecution or have you ever been prosecuted, suspended, disqualified, censured, the subject of a conduct, capacity or competence proceeding, or otherwise disciplined by any professional organization?

YES NO

AUTHORIZATION AND DECLARATION

I authorize the Law Society of Ontario to make inquiries of any person or government, any official or body, including, without limitation, any police or academic authority, about my background or character. I will provide any additional specific authorization or any release that is required for the purpose of enabling the Law Society of Ontario to obtain information related to my background or character.

I declare that all information supplied by me with respect to this application, and in the documents provided in connection with this application, is true, accurate, and complete.

Date: _____

Signature of Professional: _____

Print Name: _____