

# NORTH CAROLINA VETERINARY MEDICAL BOARD



**For:** The Incorporators of a Foreign Professional Corporation: Certificate of Authority

**From:** The North Carolina Veterinary Medical Board

The North Carolina Veterinary Medical Board must certify to the Secretary of State of North Carolina that the ownership of all shares of stock in a foreign professional corporation is in compliance with the requirements of the Professional Corporation Act, Chapter 55B, and must officially state that all shareholder(s) are licensed to practice veterinary medicine in North Carolina. The procedure is as follows:

---

## **FOREIGN PROFESSIONAL CORPORATION PROCESS**

Attached is the application form to be completed and returned to the NC Veterinary Medical Board. This form requires the listing of all names of shareholders and the selection of a company name, physical address and mailing address located of the principal office location.

Return this form along with a copy of the Certificate of Existence required from your home State's Corporation Division. Copy of the Certificate of Existence and fee of \$160 must be submitted to the North Carolina Veterinary Medical Board before the Board office can issue a Certification Letter. Upon receipt and review, the Board will issue a Letter of Certification, which must be affixed to another copy of Certificate of Existence and filed with the Secretary of State by the incorporator as a foreign professional corporation.

Please note that forming a corporation is not the same process as the practice facility name approval. These are two separate issues that need to be addressed before providing veterinary services to the public. The Secretary of State approves corporation names only. These names can be different from the facility providing veterinary services. Failure to obtain a veterinary practice facility name approval and inspection from the Board could be a violation of the North Carolina Veterinary Practice Act.

**(1) List name for the Foreign Professional Corporation**

---

**(2) Address for the Foreign Professional Corporation**

---

Physical Address

City	Zip Code	County
( ) -		
Telephone Number		E-mail

---

Mailing Address

City	Zip Code	County
( ) -		
Telephone Number		

**(3) List name, address and NC license number for all shareholders of Foreign Professional Corporation**

---

Name	License Number
------	----------------

---

Address	City	Zip Code
---------	------	----------

---

Name	License Number
------	----------------

---

Address	City	Zip Code
---------	------	----------

---

Name	License Number
------	----------------

---

Address	City	Zip Code
---------	------	----------

---

Name	License Number
------	----------------

---

Address	City	Zip Code
---------	------	----------

---

Name	License Number
------	----------------

---

Address	City	Zip Code
---------	------	----------

---

Name	License Number
------	----------------

---

Address	City	Zip Code
---------	------	----------

