

**APPLICATION FOR FUNDING FOR THERAPY AND COUNSELLING**

**APPLICANT STATEMENT**

(please print legibly)

I, \_\_\_\_\_ of \_\_\_\_\_  
(applicant name) (municipality)

**Certify that,**

- \_\_\_\_\_ of \_\_\_\_\_  
(counsellor) (municipality)  
is not a person to whom I have any family relationships, and that he/she is providing therapy and counselling to me.
- these services are not eligible for payment through OHIP or any other insurer, and that the funds provided by the College of Chiropractors of Ontario (CCO) are being used to pay for this service.

*(when applicable)*

- I understand that the above-named individual is NOT a member of a regulated health profession and, therefore, is not submit to professional discipline, and that CCO cannot verify, with any degree of certainty, whether this individual has ever been found guilty of professional misconduct.

**Please note:** According to Section 85.7(7) of the *Regulated Health Professions Act, 1991*, a person who is eligible for funding is entitled to choose any therapist or counsellor, subject to the following restrictions:

1. The therapist or counsellor must not be a person to whom the eligible person has any family relationship.
2. The therapist or counsellor must not be a person who, to the College's knowledge, has at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature.
3. If the therapist or counsellor is not a member of a regulated health profession, the College may require the person to sign a document indicating that he or she understands that the therapist or counsellor is not subject to professional discipline. 1993, c. 37, s. 23.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
Printed Name

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature