

**APPLICATION FOR FUNDING FOR THERAPY AND COUNSELLING**  
**UNREGULATED HEALTH PROFESSIONAL COUNSELLOR STATEMENT**  
(please print legibly)

Counsellor Name:	_____
Address:	_____
Tel.:	_____
Email:	_____
Qualifications:	_____
	_____

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

**Certify that,**

- There has not been a finding of professional misconduct, incompetence or incapacity in relation to my current profession.
- There has not been a finding of professional misconduct, incompetence or incapacity in relation to another health profession in Ontario or in any other jurisdiction in which I am registered or licensed to practise.
- I am providing therapy and counselling to \_\_\_\_\_ in relation to practitioner sexual abuse.
- The funds being provided by the College of Chiropractors of Ontario (CCO) are being used to cover the cost of this service.

**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