

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

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

I, _____ of _____
(counsellor name) (municipality)

Certify that,

- I am a member in good standing of the College of _____
Registration No.: _____.
- 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. I also certify that my services are not eligible for funding from OHIP or any other insurer.

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