



Therapist or Counsellor Information

This form is to be completed once the Applicant has identified a Therapist. It is required before payment can be made. The **Therapist or Counsellor** is to complete **Section 1** and the **Applicant** is to complete **Section 2**. Please strike out portions that do not apply.

Section 1: Therapist or Counsellor Information

To be completed by the Therapist or Counsellor

I, , am providing/propose to provide therapy or counselling
[name of therapist or counsellor - please print]

to , (the "Applicant") who is applying for funding under the program administered by the
College of Denturists of Ontario (the "College")
[name of Applicant - please print]

1. I do not have any family relationship to the Applicant or any other potential conflict of interest.
2. I understand that funding may only be used to pay for therapy or counselling.
3. I understand that the maximum amount of funding payable to any therapist or counsellor approved under this or any other application to the College is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. Unless retroactive funding is requested, payment for services provided will begin on the day that the Applicant becomes eligible for funding.
4. I understand that funding shall be paid directly to me, and that it shall be used only to pay for therapy or counselling related to the sexual abuse that made the Applicant eligible for the funding and shall not be applied directly or indirectly for any other purpose.

5. My hourly rate for this patient is \$.

6. >> I became a member of .
[regulatory body] [year]

>> I ceased to be a member of in .
[regulatory body] [year]

OR

>> I have never been a member of a regulated health profession. I have explained to the Applicant that I would not be subject to professional discipline by the College of Denturists of Ontario or any other regulator



Section 1: Therapist or Counsellor Information (cont'd)

To be completed by the Therapist or Counsellor

7. To my knowledge, no other sources of funding for the therapy or counselling are available to the Applicant except the following: .
[name of provider and amount available]

* If at any time other sources of funding become available to the Applicant, I shall notify the College and, where appropriate, cease submitting claims to the College. I understand that there can be no duplicate payment for the same service.

8. A finding of professional misconduct or incompetence or similar finding has not been made against me by a body that governs a profession, inside or outside of Ontario.
9. My certificate of registration has never been subject to an interim order at any time or in any jurisdiction in relation to professional misconduct of a sexual nature.
10. A finding of guilt has not been made by a court against me in respect of a federal or provincial offence of a sexual nature.
11. I am not currently, nor have I ever been subject to conditions, terms, orders, directions or agreements relating to my custody or release in relation to a provincial or federal offence of a sexual nature.
12. I have not at any time or in any jurisdiction been subject to a restriction (or restrictions) on my right to practise, resulting from an undertaking given by me to a regulatory authority or an agreement entered into between me and a regulatory authority in relation to professional misconduct of a sexual nature.
13. I have not at any time or in any jurisdiction been subject to a restriction (or restrictions) on my right to practise in relation to professional misconduct of a sexual nature which has been imposed by a court or other lawful authority.
14. I have not at any time or in any jurisdiction been required by a panel of the Inquiries, Complaints and Reports Committee (or a similar committee) to appear before a panel of such a Committee to be cautioned in relation to an act of a sexual nature.
15. I have never been found liable civilly for an act of a sexual nature.
16. Attached is a copy of my curriculum vitae and a summary of my training and experience.
17. I understand there will be no payment made by the College for late or missed appointments.

Therapist's Signature

Date (mm/dd/yyyy)



Section 2: Applicant Information

To be completed by the Applicant

- 18. I do not have any family relationship to the therapist/counsellor.
- 19. I understand that if I choose a therapist or a counsellor who is not a regulated health professional, that they are not subject to professional discipline by the College of Denturists of Ontario or any other regulatory body.
- 20. I understand that funding shall be paid only to the therapist or counsellor, and that it shall be used only to pay for therapy or counselling related to the sexual abuse that made me eligible for the funding and shall not be applied directly or indirectly for any other purpose.
- 21. I understand that the maximum amount of funding payable to any therapist approved under this or any other application to the College is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist.

- 22. I will use the other sources of funding for therapy or counselling that are available to me first.

This includes: for .
[name of insurer] [\$ amount]

- 23. I understand that there can be no duplicate payment for the same service. To my knowledge, neither OHIP nor any public/private insurer is required to pay for the therapy or counselling I receive from the therapist or counsellor. If at any time, OHIP or a private insurer other than the insurer listed above becomes required to pay for the therapy or counselling, I shall notify the College.
- 24. I have read and understood Section 1 of this form that has been completed by the counsellor or therapist including the attached summary of their training and experience.
- 25. I understand there will be no payment for late or missed appointments.

Applicant's Signature

Date (mm/dd/yyyy)

Section 3: Form Submission

The completed form can be submitted to the College by one of the following methods:

By Email: info@denturists-cdo.com

Subject Line: Funding Application

By Fax: 416-925-6332

Attn: Registrar & CEO

By Mail:

Attn: Registrar & CEO

College of Denturists of Ontario

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