



Application for Funding - Therapist Invoice Submission

The College requires a signed copy of this form to accompany any invoices for therapy/counseling. This form includes a declaration that none of the information reported by the therapist on [Form K2](#) has changed since it was originally submitted. The College recommends that the therapist photocopy the Form so it can be used for all invoicing.

Section 1: Therapist or Counsellor Information

I agree that none of the information agreed to in [Form K2](#) has changed.

Therapist's Signature

Date (mm/dd/yyyy)

If any information has changed please elaborate:

Section 2: Form Submission

7 K H completed form F D Q E H

By Email: info@denturists-cdo.com

Subject Line: Funding Application

By Fax: 416-925-6332

Attn: Registrar & CEO

By One of the Following Methods: R W K H & R O O H J

By Mail:

Attn: Registrar & CEO

College of Denturists of Ontario

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Toronto, ON M4W 3L4