



# The College of Optometrists of Ontario

## Application for Funding for Therapy and Counselling

### ATTESTATION OF COUNSELLOR

I \_\_\_\_\_ of the City of \_\_\_\_\_  
(name of counsellor)

In the Regional Municipality / District of \_\_\_\_\_

#### Attest that

I am a regulated health care professional as defined by the Regulated Health Professions Act 1991, and a member in good standing of the College of \_\_\_\_\_

\_\_\_\_\_

#### AND

That I am providing therapy and counselling to \_\_\_\_\_  
(patient name)

in relation to an episode(s) of sexual abuse by \_\_\_\_\_  
(name of optometrist)

which occurred on or about \_\_\_\_\_  
(day / month / year)

#### AND

That the funds being provided by the College of Optometrists of Ontario are being used to cover the costs of therapeutic and/or counselling sessions.

I also attest that the services being provided by me in this matter are not eligible for funding by OHIP or any other insurer.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_