



# 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 not a regulated health care professional** as defined by the Regulated Health Professions Act 1991. My qualifications include the following formal training \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### AND

That I have never been found guilty by any Court, tribunal, or any other body recognized by my discipline of sexual assault or sexual abuse as defined by the Criminal Code of Canada or by a body recognized by my discipline.

#### 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** \_\_\_\_\_