

ATTESTATION OF COUNSELLOR (Regulated)
Application for Funding for Therapy and Counselling

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 full funding by OHIP or any other insurer.

Signature

Date