



The College of Naturopaths of Ontario

To be completed by
therapist/counsellor

Therapist or Counsellor Attestation

The Patient Relations Committee follows the provisions of the Regulated Health Professions Act, 1991 (RHPA) which direct the College in administering the funding program. This form is to be completed once funding has been granted and a therapist/counsellor has been selected by the Applicant.

A. Therapist/Counsellor Information – To Be Filled Out By Therapist/Counsellor		
Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		Email:
B. Attestation		
<p>1. I, _____ [therapist/counsellor name] of _____ [municipality] certify that I am a member in good standing of the College of _____ Registration Number: _____.</p> <p>OR</p> <p>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 Naturopaths of Ontario or any other regulatory body.</p> <p>2. I am providing / propose to provide therapy or counselling to _____ [name of applicant] in relation to practitioner sexual abuse.</p> <p>3. I have not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found liable, criminally or civilly, for an act of a sexual nature.</p> <p>4. The funds being provided by the College of Naturopaths of Ontario are being used to cover the costs of therapeutic and/or counselling sessions.</p> <p>5. I do not have any family relationship to the applicant or any other potential conflict of interest.</p> <p>6. 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]</p> <p>7. 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.</p> <p>8. I understand that the maximum amount of funding payable to any therapist/counselor 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.</p> <p>9. I understand to keep confidential all information obtained through the application for funding process, including, if funding is granted, the fact that funding has been granted and the reasons given by the Patient Relations Committee for granting the funding, and to refrain from using that information for any collateral or ulterior purpose.</p>		
Signature:		Date: