



Form A: Application for Funding for Therapy and Counselling

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the “College”) maintains funding under the Patient Relations Program to assist patients with therapy and counselling related to sexual abuse. A person is eligible for funding if it is alleged in a complaint or Registrar’s Report that the person was sexually abused by a member while the person was a patient of the member. The Patient Relations Committee of the College is responsible for reviewing applications and determining eligibility for funding.

This Form must be completed by the Applicant to be considered for funding. Form B is to be completed with the Therapist/Counsellor and may be submitted with this Form or after eligibility is determined. If the Applicant requires assistance, they are invited to contact the College at 416-238-7359.

APPLICANT INFORMATION

First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	Country:
Telephone:		Email:	

MEMBER NAMED IN COMPLAINT OR REPORT

Registration Number:	
First Name:	Last Name:

DECLARATION

1. I hereby certify that the information provided by me in this Form is complete and correct to the best of my knowledge and belief.
2. I understand that a decision by the Patient Relations Committee of my eligibility for funding does not constitute a finding of professional misconduct against the above-named member.
3. I understand that a decision by the Patient Relations Committee to provide funding cannot be relied upon in any civil matter against the above-named member.
4. I understand that the maximum amount of funding available to me is equivalent to the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist.
5. I understand that any funding payments will be made directly to the Therapist/Counsellor.
6. I understand that the funding should be used only to pay for therapy and counselling, and should not be applied directly or indirectly for any other purpose.
7. I understand that the funding is to be reduced by the amount that OHIP or a private insurer is required to pay for therapy or counselling.

Applicant Signature:

Date: