



Form B: Information for therapist/counsellor of client alleging sexual abuse

As required by legislation, the Client Relations Committee of the College of Registered Psychotherapists of Ontario (CRPO) administers a funding program for therapy/counselling for individuals (applicants) who file a complaint with the College that they were sexually abused, while clients, by members of CRPO. This form is to be completed once the applicant has identified a therapist or counsellor and is required before payment can be made.

To be Completed by the Therapist/Counsellor

I, _____ (the "Therapist") am providing/propose to provide therapy or counselling to _____ ("the Applicant"), who is applying for funding under the program established by the College of Registered Psychotherapists of Ontario ("the College").

1. I do not have any familial relationship to the Applicant or any other potential conflict of interest.
2. I understand that funding may only be used to pay for therapy or counselling for the sexual abuse that made the Applicant eligible for the funding and shall not be applied directly or indirectly for any other purpose.
3. I understand that the maximum amount of funding payable to any therapist or counsellor approved 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.
4. I am/was a member of _____ in _____
OR I am not currently or have never been a member of a regulated health profession and I have explained to the Applicant that I would not be subject to professional discipline by CRPO or any other regulatory body.
5. I have not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature.
6. I have never been found liable, criminally or civilly, for an act of a sexual nature.
7. I undertake 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 Client Relations Committee for granting the funding, and to refrain from using that information for any other purpose.
8. I understand there will be no payment by CRPO for late or missed appointments.



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Signature of Therapist: _____ Date: _____

Completed form may be mailed to:

Attn: Client Relations Committee
College of Registered Psychotherapists of Ontario
375 University Avenue, Suite 800
Toronto, ON M5G 2J5

OR Emailed to:

clientrelations@crpo.ca

If you have any further questions, please contact clientrelations@crpo.ca