College of Massage Therapists of Ontario
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Phone 416.489.2626 | Toll-free (Ontario) 800.465.1933

College of Massage Therapists of Ontario
Application for Funding for Counselling/Therapy

Name of applicant: ____

Address: ____

____

Telephone: (H)(____)__________________ (W)(____)____________________

e-mail:__________________________

Name of selected therapist/counselor: ________________________________

Address:

____

____

Telephone: (H)(____)__________________ (W)(____)______________________

e-mail:__________________________

Member of regulated health profession?: Yes ☐ No ☐

If Yes, provide registration number ________________________________

If Yes, provide name of College/profession: ____________________________

______________________ Date

______________________________ Signature of applicant