



Funding for Therapy and Counselling Application Form

Please complete the following form and declarations and submit it by email or mail to:

Erin Minich

Manager, Compliance

erin.minich@cmtto.com

College of Massage Therapists of Ontario (CMTO)

1867 Yonge Street, Suite 810

Toronto, ON M4S 1Y5

Applicant Contact Information			
First Name			
Last Name			
Street Address		Suite/Apt.	
City/Town			
Province		Postal Code	
Phone Number		Home <input type="checkbox"/>	Work <input type="checkbox"/> Mobile <input type="checkbox"/>
Email			

Therapist/Counsellor Information	
First Name	
Last Name	
Street Address	Suite/Apt. <input type="checkbox"/>
City/Town	
Province	Postal Code <input type="checkbox"/>
Phone Number	
Email	
Is the therapist/counsellor a regulated health professional? (e.g., psychologist, psychiatrist, nurse)	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If "Yes", which profession?	
Do you have private health insurance that covers the services of this type of therapist/counsellor?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If "Yes", how much private insurance coverage do you have per year?	
Start date for therapy/counselling	
Is this application for funding for therapy or counselling services already received?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", how much have you spent to-date?	

Declaration

I declare that:

1. I do not have a family or personal relationship with the therapist/counsellor.
2. I understand that the maximum amount of funding provided by CMTO 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.
3. I agree to use other sources of funding first, such as private insurance, if applicable.
4. I understand that any funding provided by CMTO will be paid directly to the therapist/counsellor. I understand that these funds can only be used towards paying for therapy or counselling that addresses the effects of sexual abuse by an RMT and that CMTO does not cover fees relating to late or missed appointments.

I consent to CMTO contacting the therapist/counsellor listed on this application for the purpose of confirming my eligibility and processing my application for funding. I acknowledge that this may include verifying the rates charged by my therapist/counsellor and the dates and duration of services provided.

Applicant Signature

Date