



Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Therapist or Counsellor Information - Part II

To be completed by the Applicant

1. I do not have any family relationship with the Therapist/Counsellor or any other potential conflict of interest. I understand and agree the term “family relationship” includes any family relationship established through marriage.
2. I understand that if I choose a therapist or a counsellor who is not a regulated health professional, the therapist is not subject to professional discipline by the Ontario College of Pharmacists or any other regulatory body.
3. I understand that the funding shall be paid directly to the therapist, and that it shall be used to pay for therapy or counselling related to the allegation of sexual abuse by a registrant made to the Ontario College of Pharmacists.
4. I have read and understood Part I of **Form B: Therapist Information** completed by the therapist including the summary of his/her training and experience.
5. I understand there will be no payment made to the therapist by the College for late or missed appointments. I will be personally responsible for those payments.
6. I will advise the College if I change therapist or counsellor, and acknowledge that a new **Form B: Therapist Information** (Part I and II) will need to be completed and submitted to the College for review and approval.

Date

Signature of the Applicant

Please submit completed form to: patientrelations@ocpinfo.com