

## ATTESTATION OF NON-REGULATED COUNSELLOR

### Application for Funding for Therapy and Counselling

I \_\_\_\_\_ of the City of \_\_\_\_\_  
(Name of Counsellor)

In the Province of \_\_\_\_\_

#### Attest that

**I am not a regulated health care professional** as defined by the *Alberta Health Professions Act*. My qualifications include the following formal training:

\_\_\_\_\_

#### AND,

That I have never been found guilty by any Court, tribunal, or any other body recognized by my discipline of sexual assault or sexual abuse as defined by the Criminal Code of Canada or by a body recognized by my discipline.

#### AND,

That I am providing therapy and counselling to \_\_\_\_\_  
(Patient Name)

in relation to an episode(s) of sexual abuse/misconduct by \_\_\_\_\_  
(Name of Optometrist)

which occurred on or about \_\_\_\_\_  
(Day / Month / Year)

#### AND,

That the funds being provided by the Alberta College of Optometrists are being used to cover the costs of therapeutic and/or counselling sessions.

I also attest that the services being provided by me in this matter are not eligible for funding by Alberta Health Care or any other insurer.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**