



ATTESTATION OF 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 a regulated health care professional as defined by the Alberta *Health Professions Act*, and a member in good standing of the following regulatory College: _____

AND,

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

in relation to an episode(s) of sexual abuse or 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