

Form C: Request for Reimbursement of Past Therapy or Counselling Costs

To be completed by the Applicant



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

This form must be completed by the Applicant if the Applicant has paid out-of-pocket for past therapy/counselling and would like to request reimbursement for these costs.

The *Health Professions Procedural Code* under the *Regulated Health Professions Act, 1991* prevents the College from paying Applicants directly. If the request for reimbursement of past costs is approved and the therapist/counsellor agrees to reimburse the Applicant, the College will pay the therapist/counsellor directly.

To Request reimbursement for past therapy/counselling costs, please complete/submit the following:

1. This Form (**Form C**)
2. Invoices or receipts for the therapy/counselling costs
3. **Form B**
4. **Form A** (unless funding has already been granted by the Client Relations Committee)

Applicant Information			
First Name:			Last Name:
Address:			
City:	Province:	Postal Code:	Country:
Telephone:	Email:		
Fax:			

Therapist/Counsellor Information			
First Name:			Last Name:
Address:			
City:	Province:	Postal Code:	Country:
Telephone:	Email:		
Fax:			

Information About Therapy/Counselling:

When did the therapy/counselling take place? Please specify the dates the therapy/counselling began/ended:

Were the past therapy/counselling costs paid out-of-pocket by the Applicant?

Yes No

Has the Applicant already been reimbursed for the past therapy/counselling costs by any provider?

Yes No

Signature of Applicant: _____ Date: _____

Once you have completed this form, please return to the College of Midwives of Ontario via one of the methods listed below:

Mail:

Attn: Professional Conduct Department
College of Midwives of Ontario
21 St. Clair Avenue East, Suite 303
Toronto, ON M4T 1L9

E-mail:

conduct@cmo.on.ca

If you have any questions, please e-mail conduct@cmo.on.ca or call 416-640-2252 x.224.