

**Form D: Information for Processing Invoices
for Therapy or Counselling**

To be completed by the Therapist/Counsellor



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

This form must be completed by the Therapist/Counsellor every time he/she sends the College an invoice for therapy/counselling provided to an eligible Applicant. This Form notifies the College if any of the information contained in Form B has changed since it was originally completed by the Therapist/Counsellor. The Therapist/Counsellor is advised to keep a copy of Form B for their records.

Name of Therapist/Counsellor: _____

None of the information contained in Form B has changed:

Yes No

If any information has changed, please specify:

Signature of Therapist/Counsellor: _____ 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.