

# Form A – Funding Application

*(To be completed by the Applicant)*

The Patient Relations Committee (PRC) is a legislated committee responsible for overseeing the funding for therapy and counselling program for patients who have been sexually abused by a doctor. To apply for funding, this form must be completed by the Applicant. Completed application forms will be reviewed by the PRC to determine whether the applicant meets the eligibility criteria and the amount of funding that is to be awarded for therapy and counselling.

You do not need a therapist or counsellor in order to apply for funding. If you already have a therapist or counsellor and they plan to bill the College directly for your therapy or counselling sessions, they can complete Form B: Billing Information to submit with this application form.

### Need help or more information?

Please see the College's [Funding for Therapy or Counselling page](#) or contact us directly:

#### THERAPY FUND

Phone: (416) 967-2644, ext. 904 /  
1-800-268-7096 ext.904

Email: [therapyfund@cpsy.on.ca](mailto:therapyfund@cpsy.on.ca)

I, \_\_\_\_\_ hereby apply for funding for therapy and counselling under the  
(name of applicant)  
program established by the College of Physicians and Surgeons of Ontario (the "College").

I was sexually abused by \_\_\_\_\_ while I was his/her patient.  
(name of doctor)

This abuse took place:

- before December 31, 1993       on or after December 31, 1993

**Please answer as many questions as you can. Check the boxes that pertain to your situation.**

- | Yes                      | No                       | Maybe                    |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A complaint or a report was made regarding this sexual abuse on _____ to _____<br><small>(approximate date)</small><br><small>(name)</small> at the College. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The College's Discipline Committee found the above-named doctor guilty of sexually abusing me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am aware that the above-named doctor has admitted to the College that he/she has sexually abused me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I reported this sexual abuse to police.  |

Yes No Maybe

The above-named doctor was convicted in a criminal proceeding of sexually assaulting me. If yes, and you have this information, please complete the following:

The above-named physician was convicted under the Criminal Code of a sexual offence in relation to me on \_\_\_\_\_ by \_\_\_\_\_ of  
(date) (name of judge)  
\_\_\_\_\_ at \_\_\_\_\_ .  
(court) (place)

A Committee of the College has, in written response given after a hearing, made a statement that the above-named doctor sexually abused me while I was his/her patient.

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## Reimbursement

If you would like to submit a reimbursement request, please complete [Form C: Reimbursement Request](#).

**Prior to starting a new therapy or seeking reimbursement for any out-of-pocket expenses, please contact us. Depending on the therapy or expense, the PRC may need to consider the request.**

Yes No Maybe

I intend to request reimbursement for out-of-pocket therapy or counselling costs.

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## Attestations

By signing this document, I acknowledge and agree to the following:

1. I undertake to keep confidential all information obtained through the application for funding process and refrain from using this information for any other purpose. This undertaking does not restrict my right to use, as I see fit, any information I already have about the events leading up to this application.
2. I understand that a decision by the PRC that I am eligible for funding does not mean the above-named doctor has been found guilty and will not be considered by any other committee of the College dealing with him/her.
3. I understand that if this funding application relates to sexual abuse that occurred before December 31, 1993, I will not be eligible for funding if, in the opinion of the PRC, the need for therapy does not result directly or indirectly from the abuse, there are other sources of funding available, the College is unable to provide the funding, or, with these considerations in mind, providing funding would not be just and equitable.

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Applicant signature

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Date