



Form D: Claim for Therapy and Counselling Costs

This Form must be completed by the Therapist/Counsellor every time he/she sends an invoice to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College"). Invoices must contain dates of the therapy and counselling, and duration (in hours) per session.

Funding is available for the sole purpose of paying for therapy and counselling to an eligible Applicant. This Form notifies the College of any changes to Form B since it was originally completed by the Applicant and the Therapist/Counsellor.

THERAPIST/COUNSELLOR INFORMATION

First Name:

Last Name:

DECLARATION

☐ Yes ☐ No Has the information in Form B changed?

If information has changed, please specify:

I confirm that the above information is accurate and replaces the information previously submitted.

Therapist/Counsellor Signature:

Date: