

Please complete this form if you are seeking funding for therapy and/or counselling because you were sexually abused by a Medical Laboratory Technologist (MLT). Your therapist/counsellor must complete [Form B](#). Information about this process can be found on CMLTO's Factsheet for funding [here](#). We encourage you to access community support programs and information on sexual violence, for more information please visit [Ontario Network of Sexual Assault/Domestic Violence Treatment Centres](#).

If the abuse involves a professional who is not an MLT, please contact the applicable health regulatory college (see [Health Profession Regulators of Ontario](#) for full list of colleges). We also encourage you to contact the professional's employer, and the police. If you have any questions, please contact the CMLTO Professional Conduct department by email at professionalconduct@cmlto.com or by telephone at 1-800-323-9672.

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Your contact information

Full name

Street address

Suite/Apt.

City/Town

Province

Postal code

Telephone

Email

Have you filed a complaint with the CMLTO?
(Please click here for more information)

Yes

No

Are you submitting this form on behalf of someone
else (i.e., minor)?

Yes

No

If **Yes**, please provide their name and their relation
to you.

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Your Therapist/Counsellor's contact information

Full name

Mailing address

Suite/Apt.

City/Town

Province

Postal code

Telephone

Email



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Declaration

1. I have read and understand the CMLTO's [Factsheet for therapy or counselling funding](#) which outlines the use of funding under this program and how payments are processed.
 2. I confirm that the listed therapist or counsellor does not have any family relationship to me.
 3. I understand that funding is to be used for therapy and counselling related to the alleged abuse only and shall not be applied directly or indirectly for any other purpose.
 4. I give consent to the CMLTO to contact the therapist/counsellor listed on this form for the purpose of confirming my eligibility and processing my request for funding.
 5. I understand if my therapist or counsellor is not a member of a regulated health profession they are not subject to professional discipline processes.
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Signature

SIGNATURE: _____ **DATE:** _____

Please submit the completed form by email to professionalconduct@cmlto.com or by mail to:

Patient Relations Committee

College of Medical Laboratory Technologists of Ontario
Suite 2100 - 25 Adelaide Street East
Toronto, Ontario M5C 3A1