



Form D: Therapy or Counselling Invoice Submission Form

To be completed by the Therapist/Counsellor. The Therapist/Counsellor must sign and submit a copy of this form with each invoice for therapy/counselling provided. The Therapist/Counsellor is advised to keep a copy of Form B for their records.

Name of Therapist/ Counsellor _____

I agree that none of the information contained in Form B (Therapist/Counsellor Information) has changed:

Yes

No

If any information has changed, please specify:

Signature _____

Date _____

Processing Information

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

E-mail (preferred): conduct@cmo.on.ca

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

If you have any questions, please contact us by e-mail at conduct@cmo.on.ca or telephone at 416-640-2252.