



CRPO / OPAO

College of Registered Psychotherapists of Ontario
Ordre des psychothérapeutes autorisés de l'Ontario

Stakeholder Feedback Form – Oct-Dec'16 Criminal Record Check Survey

Please complete this form and include it with your written submission. You may provide comments using this form (preferred), or send them in a separate document if the space provided here is insufficient. Your personal information is collected for internal statistical and informational purposes.

Please save the form to your computer, then open with Adobe Reader, prior to filling out the form. If you fill out the form in your web browser, contents may not be saved.

A. How to Submit Your Comments

1. Complete this form.
2. You may provide your comments on this form or attach comments in a separate document.
3. Submit no later than December 12, 2016, via:

EMAIL: **submissions@crpo.ca** **OR**

FAX: **(416) 874-4079** **OR**

MAIL: **Consultations**
College of Registered Psychotherapists of Ontario
163 Queen Street East, Toronto, ON M5A 1S1

B. Your Contact Information

First name:

Last name:

Email address:

Phone number:

I am a:

- Member
- Student
- Health care professional (describe below):
- Other (describe below):

- Applicant
- Member of the public
- Client or former client

C. Association

I am submitting feedback on behalf of an organization or association.

If you checked the box "yes", please provide the following information:

Name of organization/ association:

Your position:

Mailing address:

Your email address:

D. Consent

I understand that by ticking the checkbox below, my submission may be publicly posted on the College's website. I understand that identifying information of individuals, including name and contact information, such as address, phone number and email address, will be removed from submissions that are posted publicly.

I understand that the names of organizations and individuals submitting on behalf of organizations will be posted publicly, though contact information will not be posted.

I understand that the College will review submissions and, at its discretion, may choose not to post submissions if the content or wording is derogatory, defamatory, threatening, abusive or otherwise inappropriate, or if a submission reveals private or personal information. Negative comments about organizations or their positions on issues will also not be posted.

I consent to having my submission/ comments posted publicly.

Name:

Date:

E. Your Comments

Note: Please add additional pages if needed.

Please provide feedback on possible implementation of a criminal record check requirement.

Continue the current practice of using only self-disclosures.

Please provide feedback on what type of criminal record check requirement should be required, if implemented.

At the agency where i work, they require an initial criminal record check, and during yearly evaluation with our supervisor, the use of "honor" system where we disclose if we have been found guilty of anything over the course of the year.

Please provide feedback on when a completed criminal record check should be required, i.e. at registration and/or renewal(s).

This could be implemented here during renewal.

Use this field to provide any other comments you may have concerning this possible amendment to the College's registration requirements.

By implementing it this way, It is at no additional cost and still requires you to disclose if the case may be. win win.