



CRPO / OPAO

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

## Stakeholder Feedback Form - July-September 2016 Practice Standards

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 September 9, 2016, via:

EMAIL: [submissions@crpo.ca](mailto: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: [REDACTED]

Last name: [REDACTED]

Email address: [REDACTED]

Phone number: [REDACTED]

I am a:

- |  |   |
|--|---|
| <input checked="" type="radio"/> X Member                        | <input type="radio"/> Applicant               |
| <input type="radio"/> Student                                    | <input type="radio"/> Member of the public    |
| <input type="radio"/> Health care professional (describe below): | <input type="radio"/> Client or former client |
| <input type="radio"/> <u>Other (describe below):</u>             |   |

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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:08 AUG 16

E. Your Comments

*Note: The response field begins on the next page. Please add additional pages if needed.*

Please provide any feedback on the proposed amendments to the *Professional Practice Standards*.

I consider the proposed amendments to the Professional Practice Standards to be well thought out and clearly articulated. I am in agreement with them.