

Any CRPO member who wishes to resign their membership should understand what it means to resign. Resignation means your membership with CRPO ceases. Annual renewal and participation in other College programs, such as the Quality Assurance Program, would no longer be required.

A non-member may not:

- Use the title “psychotherapist”, “Registered Psychotherapist” or any abbreviation or variation thereof in any language.
- Hold oneself out as qualified to practise as a psychotherapist in Ontario (no matter what title one uses).
- Perform the controlled act of psychotherapy* once it is proclaimed into force.

A former member wanting to return to practice at any future date must **submit a new application** for registration and **pay all associated fees**. The former member would also need to demonstrate that they **meet all registration requirements** at the time of re-application. **No refunds** of membership or other fees will be made. If any fees are owed by you to CRPO, you will need to be in good standing with the College before re-applying.

RESIGNATION AND QUALITY ASSURANCE

Former members, who resigned at any point during a Quality Assurance review process, including the Professional Development tool review and Peer and Practice Review, should expect to resume these processes in the event of re-registration with the College.

RESIGNATION AND OUTSTANDING INVESTIGATIONS

- If a member resigns during, or as a result of a complaint/investigation into their conduct, a notation to this effect will be made on the Public Register.
- If the former member then re-applies for registration with the College, the outcome of re-application may be affected by the decision to resign.
- If re-registered as a member, the complaint/investigation process may resume.
- If a complaint or report is received after a member has resigned, the College can still investigate and prosecute conduct that occurred while the person was a member.

Important Note: Former members are advised to maintain run off liability insurance coverage for a reasonable time period after the last date of practice (please consult with your insurance provider for more information).

** Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgment, insight, behaviour, communication or social functioning.*

Important: Please save this fillable form to your computer and then open with Adobe Reader prior to completing it. If you fill out the form in your web browser, contents may not be saved. All required information is marked with an asterisk (*). When complete, sign and upload a copy to the "Documents" tab of your user account; then send a system message to CRPO notifying us that you have done this. CRPO does not receive automatic notifications when a document is uploaded.

The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its mandate of regulating the profession in the public interest. We wish you well in your future endeavors.

PERSONAL INFORMATION

LEGAL NAME (I.E. NAME(S) ON YOUR CERTIFICATE OF REGISTRATION)

Note: With the exception of contact information, your Public Register profile will continue to be displayed for at least five years following registration. Discipline history, if any, will remain for 25 years.

First Name:

Middle Name(s):

Last Name:

CRPO Registration No.:

Resignation Date:

CONTACT INFORMATION

Email Address:

Remove from CRPO communications? Yes No

REASON FOR RESIGNATION (E.G. RETIREMENT, MOVING, CAREER CHANGE, OTHER, PREFER NOT TO SAY, ETC.)

7. DECLARATION AND CONSENT TO THE RELEASE OF INFORMATION

I, _____,
(full legal name)

hereby declare that I am voluntarily resigning my membership with the College of Registered Psychotherapists of Ontario. I understand that once my form is processed, the registration category on the Public Register will be "Former Member", effective as of the date my resignation is received by the College, and that in keeping with the College's legislation and by-laws, any past suspensions, revocations or resignations will remain on the public register. By signing and dating this form, I hereby acknowledge that I have read and understood the conditions associated with resignation. I confirm that the email address to which CRPO alerts are sent should be removed from the Member Management System.

Signature:

Date (e.g. Jan 15, 2017):