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Name

Mailing Address

City/Town Province Postal Code

Phone Number

Email Address

Declaration for the Provision of Electronic Social Work Services by Registered Social Workers in Other Canadian Jurisdictions to Clients in Newfoundland and Labrador

I acknowledge and understand that as a provider of electronic social work services to clients in the province of Newfoundland and Labrador that:

- a) I am a registered social worker in good standing with _____; Registration # _____ and understand that this declaration is only valid while I am a registered social worker in good standing with this regulatory body. I agree to advise NLCSW if my registration status with this regulatory body changes.
- b) This approval does not cover the provision of social work services either in-person or electronically if I am offering those services while I am physically present in the province of Newfoundland and Labrador. I understand that Active registration with NLCSW would be required.
- c) My registration has been granted on the basis of educational qualifications which are equal to the criteria for registration as set by the NLCSW. My educational qualification is a bachelors, masters, or doctoral degree in social work from a university accredited by the Canadian Association for Social Work Education (CASWE), the Council for Social Work Education (CSWE), National Indigenous Accreditation Board (NIAB), or international equivalent.
- d) I attest that I have never been convicted of a criminal offence under the Criminal Code of Canada, the Controlled Drugs and Substances Act or a similar penal statute of another country.
- e) I will inform clients of the jurisdiction in which I hold a registration to practice.
- f) I have read and will adhere to:
- the Canadian Association of Social Workers (CASW) Code of Ethics,
 - the CASW Ethical Guidelines (2005),
 - the NLCSW Standards of Practice for Social Workers in Newfoundland and Labrador (2020).
- g) I am aware of available resources in Newfoundland and Labrador to assist clients.
- h) I hold a professional liability insurance policy which covers the provision of electronic social work services in Newfoundland and Labrador. While I hold electronic practice approval with the NLCSW, I will always maintain a current professional liability insurance policy. **(Submission of proof of Professional Liability Insurance is mandatory with this application).**

I hereby attest that all the information provided on this form is accurate and correct.

Signed: _____

Date: _____