

PO Box 39039  
 St. John's, NL A1E 5Y7  
 Ph: 709-753-0200 / Fax: 709-753-0120  
 Email: registration@nlcsw.ca

|                   |          |             |  |
|-------------------|----------|-------------|--|
| Surname           |          | Given Names |  |
| Mailing Address   |          |             |  |
| City/Town         | Province | Postal Code |  |
| Email Address     |          |             |  |
| Home Phone Number |          |             |  |

**1. EDUCATION (Please check all that apply and supply the information to the right)**

| X | Education:                     | Year | Area of Study | Name of Institution | City, Province |
|---|--------------------------------|------|---------------|---------------------|----------------|
|   | Bachelor of Social Work        |      |               |                     |                |
|   | Master of Social Work          |      |               |                     |                |
|   | Doctorate of Social Work/Ph.D. |      |               |                     |                |
|   | Other:                         |      |               |                     |                |

(please specify)

Please note: The registration criteria for private practitioners is an MSW from an accredited Canadian School of Social Work.

If you have not provided the NLCSW with proof of your MSW or PhD/DSW, please arrange to have your transcripts forwarded directly to the NLCSW office from the academic institution where the degree was conferred.

Please submit any relevant diplomas, certificates, and/or a brief description of Continuing Education activities undertaken in your proposed area of private practice.

**2. EMPLOYMENT**

Please submit an updated copy of your resume outlining your work/volunteer experience.

**3. INFORMATION ABOUT YOUR PRACTICE**

A. Name of your practice \_\_\_\_\_

B. Contact information for your practice \_\_\_\_\_

Mailing Address

City/Town Province Postal Code

Phone Fax

E-mail Address Website

C.  Full-time or  Part-time

D. Principle services being offered (please specify) \_\_\_\_\_

\_\_\_\_\_

E. Services offered to (i.e. individuals, couples, etc.) \_\_\_\_\_

\_\_\_\_\_

F. Working Languages  English  French  Other (please specify) \_\_\_\_\_

G. Please attach all advertising and marketing information regarding your practice.

#### 4. CONSULTATION

Do you have access to registered professionals for consultation?  Yes  No

#### 5. LIABILITY PROTECTION

Please attach proof of current liability insurance with your application.

#### 6. PAYMENT

The Private Practice fee is \$50 per registration year and can be paid by submitting the [credit card payment form](#) or by sending an Interac E-transfer to [registration@nlcsw.ca](mailto:registration@nlcsw.ca). The registration year runs from March 1 – February 28 of any given year.

#### 7. PERSONAL STATEMENT

| <p>A. I declare that the information provided on this form is accurate and correct.</p> <p>B. I consent to have relevant information including my name, education and the information contained under Section 3 of this form posted on the Private Practice Section of the NLCSW website.</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">Date</p> | <table border="1"><thead><tr><th data-bbox="1144 949 1520 1010">OFFICE USE ONLY</th></tr></thead><tbody><tr><td data-bbox="1144 1010 1520 1150">Date: _____</td></tr><tr><td data-bbox="1144 1150 1520 1274">Amount: _____</td></tr></tbody></table> | OFFICE USE ONLY | Date: _____ | Amount: _____ |
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| Date: _____  |  |                 |             |               |
| Amount: _____  |  |                 |             |               |