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VERIFICATION OF REGISTRATION / LICENSURE / CERTIFICATION IN ANOTHER JURISDICTION

Directions for Applicant: Complete top portion of this form and send it to the appropriate office. Complete one form for each applicable jurisdiction.

To: _____ (Province/State Board)

I am applying for registration in Newfoundland and Labrador to practice social work.

I was granted registration / licence / certificate # _____ on _____

by _____.

The Newfoundland and Labrador College of Social Workers requests that I submit verification that my registration / license / certification in _____ is / was in good standing.

You are hereby authorized to release any information in your files, favourable or otherwise, directly to the Newfoundland and Labrador College of Social Workers. Your early attention is appreciated.

Signature: _____ Print Name: _____ Date: _____

Directions for Social Work Board: Please complete and return form directly to the Newfoundland and Labrador College of Social Workers at the email address indicated above.

Name in your records: _____

Type of Registration / License / Certificate: _____ Number: _____

Date Issued: _____ Date Expired: _____

Is License Current? Yes No If yes, Expiration Date: _____

Please verify requirements met: _____ BSW from an accredited school
_____ MSW from an accredited school
_____ Other: (Please specify) _____

Do you have copies of original transcripts issued by the degree granting institution on file? Yes No

Does your jurisdiction require an exam? Yes No

Level Exam Taken (if any): _____ Date Exam Passed: _____

Are there any restrictions or conditions on this individual's registration / license / certificate?

Yes No (If yes please explain on separate sheet)

Are there or have there been any complaints and / or disciplinary actions against this individual?

Yes No (If yes please explain on separate sheet)

Is there any other information the Newfoundland and Labrador College of Social Worker should be aware of with regard to this individual? Yes No (If yes please explain on separate sheet)

Signature: _____

Title: _____

Date: _____