

## 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  
Full Name  
practice social work. The Newfoundland and Labrador College of Social Workers requests that I submit verification of my registration /license/certification status. Registration/license/certificate #: \_\_\_\_\_.

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: \_\_\_\_\_

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**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: \_\_\_\_\_

Is License Current?  Yes If yes, Expiration Date: \_\_\_\_\_

No If no, Date Expired: \_\_\_\_\_

Please verify requirements met:

\_\_\_\_\_ BSW from an accredited school. Original transcripts on file?  Yes  No

\_\_\_\_\_ MSW from an accredited school. Original transcripts on file?  Yes  No

\_\_\_\_\_ Other: (Please specify) \_\_\_\_\_

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 the individual in compliance with the continuing competence requirements set by you?

Yes  No (If no please explain on separate sheet)

Is the individual in compliance with the quality assurance requirements set by you?

Yes  No (If no please explain on separate sheet)  N/A

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_