

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 social work education, please arrange to have your original transcripts forwarded directly to the NLCSW office from the academic institution where the MSW or PhD/DSW 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:

Phone: _____

Fax: _____

Email: _____

Website: _____

C. Location of Practice (city/town): _____

D. Principle services being offered: _____

E. Services offered to: _____

F. Language used in Social Work practice? _____
English/French/Other (please specify)

G. Do you offer electronic social work services? Yes No
Within Newfoundland and Labrador
Outside Newfoundland and Labrador

H. 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 attached credit form payment form or by sending an Interac E-transfer to 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>_____ Signature _____ Date</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date: _____</p> <p>Amount: _____</p>
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1. Registration or Membership #:
2. Payment Method: Visa MasterCard
3. Card Number: _____ / _____ / _____ / _____
4. Card Expiry Date: _____ / _____
Month Year
5. Amount Authorized: \$50 _____
6. Name as it appears on the card: _____
7. Signature of cardholder: _____

Please:

- Do not provide the security code on the back of your card.
- Do not write your credit card number and/or expiry date on your private practice form.

In compliance with NLCSW's retention policy, your form will be securely stored for 3 months from the transaction date. Stored payment information will only be used in the event of a credit card charge back.

Office Use Only:

Date: _____

Amount: \$ _____