

**NEW BRUNSWICK ASSOCIATION OF SOCIAL WORKERS**

**AFFIDAVIT OF DIPLOMA**

(Please complete in type or block letters)

DATE: \_\_\_\_\_

NAME AND ADDRESS OF UNIVERSITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME UPON GRADUATION \_\_\_\_\_

DEGREE OBTAINED AND DATE: \_\_\_\_\_

I have submitted application for membership to the New Brunswick Association of Social Workers. I would appreciate your completing the present certification form and returning it to:

N.B.A.S.W.  
P.O. Box 1533, Station A  
Fredericton, NB E3B 5G2

Thank you.

Signature of Applicant: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the above named applicant has successfully completed and was granted by our institution

a B.S.W. Degree \_\_\_\_\_ in 20 \_\_\_\_\_

a M.S.W. Degree \_\_\_\_\_ in 20 \_\_\_\_\_

other \_\_\_\_\_ in 20 \_\_\_\_\_ (specify) \_\_\_\_\_

**SEAL OF THE INSTITUTION**

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

Function: \_\_\_\_\_

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