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New Brunswick Association of Social Workers
Association des Travailleurs Sociaux du
Nouveau-Brunswick *Incorporated 1965 Incorporée*

P.O. Box 1533, Station "A", Fredericton, NB E3B 5G2, Canada
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VERIFICATION OF REGISTRATION/LICENSURE/CERTIFICATION IN OTHER JURISDICTION

Directions for applicant: Complete **top** portion of this form and forward to the jurisdiction, asking them to return it to the NBASW office. Complete one form for each applicable jurisdiction if you have been registered in more than one jurisdiction.

To: _____ (Province/State Board)

I am applying for registration in New Brunswick to practice Social Work. I was granted registration/license/certification # _____ on _____ by _____.

The New Brunswick Association 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 New Brunswick Association of Social Worker. Your early attention is appreciated.

Signature: _____

Print Name: _____ Date: _____

Directions for Social Work Board: Please complete and return form directly to the New Brunswick Association of Social Worker (address 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) _____

Does your jurisdiction require an exam: Yes No

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

Are there any restrictions 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 New Brunswick Association of Social Workers should be aware of with regard to this individual?

Yes No (If yes, please explain on separate sheet)

Signature: _____

Title: _____

Date: _____