

Registration Year:

New Brunswick Association of Social Workers
P.O. Box 1533, Station A
Fredericton, NB E3B 5G2
Telephone: (506) 459-5595 Fax: (506) 457-1421
E-Mail: info@nbasw-attsnb.ca

Registration/
Membership Number

See attached page for Codes

- 1. Registration Status (code):
- 2. a. Membership Status (code):
- b. (If Applicable) Previous province/Territory/State/Country (code)
of Residence
- /of Employment
- /of Registration

Registration Number in Previous Jurisdiction:

- 3. NBASW Chapter (code):
- 4. Gender: F M
- 5. Year of Birth:
- 6. I desire NBASW material in: E F

Name: _____
 Mailing Address: _____
 City/Town/Village: _____
 Province: _____
 Postal Code: _____
 Email Address: _____
 Home Telephone Number: _____

- 7. I am able to provide professional services in (code):
 + + +
- If 99 (other) please specify: _____

9A. Social Workers Degrees Only					9B. Other degrees/diplomas ONLY				
Level	University (code)	Graduation Year	Province/Country (code)	At/After Entry to Work Force	Level (code)	Discipline (code)	Training Institute	Graduation Year	Province/Country (code)
Bachelor:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Master:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PhD:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

- 10. Area(s) of Experience (code): + + If code 04 or 99, please specify type(s): _____
- 11. Year you began career in Social Work:
- 12. Total years in active social work practice:
- 13. Current employment situation if not employed as Social Worker (code):
- 14. If not employed in Social Work, seeking employment in Social Work? Yes No

15. Employment (Please complete only if you are currently providing social work services in New Brunswick)

Employment 1

- A. Employer: check only one, then go to B
 Private Practice I give permission (see code sheet) Yes No Regional Health Authority (see code sheet)
 Department, Gov't of: NB Canada First Nations Agency Not for Profit Agency For Profit Agency Other
- B. Specific dept, Agency, Employer: _____
 Physical work Address: _____ City/Town: _____
 Province: _____ Postal Code: _____ Business Phone: _____ Fax: _____
- C. Year hired by this employer: Number of different positions held with this employer: _____
- D. Employment type (code): Are you seeking a change in employment type? Yes No

E. Role (code)	F. Service Location (code)	G. Client Base (code)	H. Language of Service (code)	I. Area of Practice (code)	J. Average Hours per Week
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Employment 2

- A. Employer: check only one, then go to B
 Private Practice: I give permission (see code sheet) Yes No Regional Health Authority (see code sheet)
 Department, Gov't of: NB Canada First Nations Agency Not for Profit Agency For Profit Agency Other
- B. Specific dept, Agency, Employer: _____
 Physical Work Address: _____ City/Town: _____
 Province: _____ Postal Code: _____ Business Phone: _____ Fax: _____
- C. Year hired by this employer: Number of different positions held with this employer: _____
- D. Employment type (code): Are you seeking a change in employment type? Yes No

E. Role (code)	F. Service Location (code)	G. Client Base (code)	H. Language of Service (code)	I. Area of Practice (code)	J. Average Hours per Week
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

By submitting this registration form, I hereby agree to be bound by and comply with the terms of the New Brunswick Association of Social Workers Act(2019), By-laws (2020), Code of Ethics (2007) and standards.

Based on the Continuing Professional Education Policy, I am required to have completed _____ CPE hours for the 2020-2021 registration year.

I declare that I have completed _____ CPE hours in 2020-2021.

I have carried over _____ CPE hours from previous years.

Therefore, I have a total of _____ CPE hours and will be carrying over _____ (max 40 CPE hours) to 2021-2022.

Signature: _____ Date: _____
Name appearing on SW Degree/Diploma (if different from above): _____

Office use only

Date: _____ Amount: _____ Receipt Number: _____