

<u>Certification of Completion</u> Social Work Member Application

This document certifies that the applicant has completed the necessary requirements of an accredited Social Work Degree. This form is required in order to be considered for membership until such a time that the official university transcript reflects that the degree has been awarded.

APPLICANT'S AGREEMENT TO THE NBASW

By submitting this form the applicant agrees to provide the New Brunswick Association of Social Workers with an official university transcript *no later than one month after the convocation,* or by the Registrar's discretion as proof that they received the degree. This official transcript must be received by the Association directly from the education institution. By submitting this form the applicant declares they understand that failure to comply with this may result in withdrawal of the applicant's membership privileges.



Projected date of conferral (date/month/year):
Name of University:
Signature of Registrar or University Official:
Date:
Official seal of University (if applicable)

PLEASE SUBMIT THE COMPLETED FORM DIRECTLY TO NBASW BY:

• Email: info@nbasw-attsnb.ca subject: Social Work Member Application

• Fax: 506 457-1421

Mail: ATTN: The Registrar subject: Social Work Member Application

New Brunswick Association of Social Workers

P.O. Box 1533 Station A

Fredericton, NB

E3B 5G2