



**Verification of Registration**  
**Temporary Authorized Social Work Member Application**

Verification of registration/licensure/certification is required from each jurisdiction with which the applicant has been previously registered.

**DIRECTIONS FOR APPLICANT:** Complete the **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 as a Social Worker. I was granted registration/license/certification # \_\_\_\_\_ on \_\_\_\_\_ (date) by \_\_\_\_\_ (organization).

The New Brunswick Association of Social Workers requests that I submit verification that my registration/license/certification in \_\_\_\_\_ (jurisdiction) is/was in good standing.

You are hereby authorized to release any information in your files, favourable or otherwise, directly to the Association. Your early attention is appreciated.

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

Print Name: \_\_\_\_\_

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

**DIRECTIONS FOR SOCIAL WORK REGULATORY BODY:** Please complete and return form directly to the New Brunswick Association of Social Workers by email at [sebastian.gomez@nbasw-attsnb.ca](mailto:sebastian.gomez@nbasw-attsnb.ca) subject: Temporary Authorized Social Work Member Application

Name in your records: \_\_\_\_\_

Type of Registration/License/Certificate: \_\_\_\_\_

Number: \_\_\_\_\_

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

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



1. Is License current?:

Yes If yes, expiration date: \_\_\_\_\_

No

2. Please verify requirements met:

BSW from an accredited program (*please specify*): \_\_\_\_\_

MSW from an accredited program (*please specify*): \_\_\_\_\_

Other (*please specify*): \_\_\_\_\_

3. Does your jurisdiction require an exam?:

Yes

No

Level Exam Taken (if any): \_\_\_\_\_

Date Exam Passed: \_\_\_\_\_

4. Are there any restrictions on this individual's registration/license/certificate?

Yes (*If yes, please explain on separate sheet*)

No

5. Are there or have there been any Complaints and/or Disciplinary Actions against this individual?

Yes (*If yes, please explain on separate sheet*)

No

6. Is there any other information the New Brunswick Association of Social Workers should be aware of with, regard to this individual?

Yes (*If yes, please explain on separate sheet*)

No

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

Title: \_\_\_\_\_

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

**PLEASE SUBMIT THE COMPLETED FORM DIRECTLY TO NBASW BY:**

- Email: [sebastian.gomez@nbasw-attsnb.ca](mailto:sebastian.gomez@nbasw-attsnb.ca) subject : Temporary Authorized Social Work
- Fax: 506 457-1421
- Mail: The Registration Officer RE: Temporary Authorized Social Work  
New Brunswick Association of Social Workers  
P.O. Box 1533 Station A  
Fredericton, NB  
E3B 5G2