



**Certification of Completion**  
**Social Work Technician Member Application**

This document certifies that the applicant has completed the necessary requirements of a recognized social work technician program. This form is required in order to be considered for membership until such a time that the official transcript reflects that the diploma 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 transcript of a recognized social work technician program ***no later than one month after the convocation***, or by the Registrar's discretion as proof that they received the diploma. This official transcript must be received by the Association directly from the education institution. By signing this form the applicant declares they understand that failure to comply with this may result in withdrawal of the applicant's membership privileges.

**PART A: TO BE COMPLETED BY THE APPLICANT**

Name of applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**To the Education Institution**

I have submitted a Member Application to the New Brunswick Association of Social Workers. Please complete this form and return it to the NBASW by email at [sebastian.gomez@nbasw-attsnb.ca](mailto:sebastian.gomez@nbasw-attsnb.ca) subject: Social Work Technician Application. Thank you.

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

**PART B: TO BE COMPLETED BY THE EDUCATION INSTITUTION**

This is to certify that the above-named applicant has successfully completed all the requirements for the awarding of the diploma and that there are no known impediments to this conferral.

Name of Diploma: \_\_\_\_\_



Projected date of conferral (date/month/year): \_\_\_\_\_

Name of Education Institution:

\_\_\_\_\_

Signature of Registrar or Education Institution Official:

\_\_\_\_\_

Date:

\_\_\_\_\_

Official seal of Education Institution (if applicable)

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

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