



Equivalency Verification Form
Social Work Technician Equivalency Application

PLEASE COMPLETE EACH SECTION

Employer

- Employer First and Last Name : _____
- Organization Name: _____
- Phone Number: _____
- Email: _____
- Relationship to applicant: _____

Employee/Applicant (hereafter referred to as Applicant)

- Full Name: _____
- Position Title(s): _____
- Duration of Employment: From: _____ To: _____

EMPLOYER ATTESTATION

This form is designed for the applicant to detail their role and responsibilities during their tenure with your organization. As the employer, your role is to verify the accuracy of the information provided.

In the table below, please review each task that the applicant has indicated that they perform in their role and initial next to each 'Yes' to indicate your attestation of its truth. Initials are also required beside the description the applicant provides in relation to each task performed. Your confirmation is crucial in the applicant's recognition process. While the applicant is responsible for filling out the details of this form, it is essential that you, the employer, personally review and attest to each activity listed. At the end of the form, please indicate whether the applicant/employee has faced any investigations or disciplinary actions and provide a description, if applicable. Please include your signature at the bottom of the form to officially verify the information provided within.



EMPLOYEE ROLE DESCRIPTION (APPLICANT TO COMPLETE)

Please provide a brief description of the organization that you currently work for and of your specific position within the agency (max. 500 words).

EQUIVALENCY VERIFICATION (APPLICANT TO COMPLETE)

In the table below, please indicate each task that you perform in your current professional role by indicating 'Yes' beside each related activity. For each task where 'Yes' is indicated, please provide further details in the space provided, including:

1. **Description:** Please specify the related task or responsibility you were involved in or undertook.
2. **Frequency:** How often did you perform this task(s)?
3. **Competency Level:** Would you consider yourself proficient in this task(s)?
4. **Job Role:** Was this task(s) a regular part of your job description or an additional responsibility?
5. **Execution:** Describe the approach or method you employed to carry out this task(s).

Please ensure that the description provided accurately reflects your true capabilities in each task and keep your responses as brief as possible, while providing the information necessary to evaluate your experience. If you need more space, please attach a separate sheet of paper, and include the activity letter and number related to the work experience you are describing.

GOALS AND ACTIVITIES PERFORMED			Employer initials
GOAL 1: TO ENHANCE PROBLEM-SOLVING, COPING, AND DEVELOPMENT CAPACITIES OF PEOPLE			
Activity 1.1: Advice and Counselling			
Crisis intervention services that may be required throughout the course of regular, non-crisis intervention specific, service delivery. (1.1E)	Yes	No	
Assisting other professionals in responding to crisis situations. (1.1F)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution): 			
Activity 1.2: Advocacy and Enabling			
Advocacy activities and engagement in practices to further human rights and social justice for individuals, groups, and communities. (1.2A)	Yes	No	
Strategies that include members of a community in conversations and actions. (1.2B)	Yes	No	
Teaching or educating clients on basic concepts related to practice in individual or group settings. (1.2C)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution): 			

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Activity 1.3: Assessment			
Administration of basic assessment checklists requiring interpretation. (1.3A)	Yes	No	
Contributing information that is considered in assessment interpretation, including in competence assessments. (1.3C)	Yes	No	
Basic risk and safety assessments. (1.3F)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 1.4: Detection and Identification			
Contributing information to help in the identification of a client, group, or communities presenting program. (1.4A)	Yes	No	
Contributing information that is used in case intervention/treatment planning. (1.4B)	Yes	No	
Seeking to understand the values, beliefs, traditions, and historical context of clients and incorporating this knowledge into the provision of hands-on services. (1.4F)	Yes	No	
Participating in meetings and collaborating with other professionals related to service planning, interventions, and service delivery. (1.4G)	Yes	No	
Seeking out cultural advice and, when appropriate, pursuing consultation with the assigned Indigenous leaders and Elders when providing services to Indigenous individuals, families, groups, and communities. (1.4I)	Yes	No	
Interviewing clients regarding client's situation. (1.4J)	Yes	No	

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If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):

Activity 1.5: Diagnosis, Support, and Assistance

Supporting the implementation of case plans. (1.5C)	Yes	No	
Making planned and unplanned home visits. (1.5D)	Yes	No	
Social support services to individuals, families, and groups. (1.5E)	Yes	No	
Providing life-skills training. (1.5F)	Yes	No	
Providing supervised visitations, transportation, and other supportive services. (1.5G)	Yes	No	
Scheduling appointments and making collateral contacts. (1.5H)	Yes	No	
Aiding with basic court work, which may include serving clients with different court documents and testifying in court. (1.5I)	Yes	No	
Interventions with individuals, couples, families, or groups to enhance or restore the capacity for social functioning. (1.5L)	Yes	No	
Intervention methods using specialized and formal interactions (1.5M)	Yes	No	
Providing assistance and information about available services and resources. (1.5O)	Yes	No	
Imparting general information and referral for assistance. (1.5P)	Yes	No	
Liaising and working collaboratively with other professionals, including as part of multidisciplinary teams. (1.5Q)	Yes	No	
Participating in and contributing information to collaborative planning meetings, including discharge planning. (1.5R)	Yes	No	

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If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):

Activity 1.6: Consultation

Consultation to social work technicians and social work technician students. (1.6B)

Yes

No

If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):

GOAL 2: TO LINK PEOPLE WITH SYSTEMS THAT PROVIDE RESOURCES, SERVICES, AND OPPORTUNITIES

Activity 2.1: Community Mobilization and Organization

Basic analysis of community needs. (2.1A)

Yes

No

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Foundational activities to support the organization of a community to address various social issues. (2.1C)	Yes	No	
Basic community engagement, development, and organization. (2.1E)	Yes	No	
Strategies that raise public awareness. (2.1G)	Yes	No	
Conducting basic case-finding activities in the community. (2.1H)	Yes	No	
Basic services and interventions that support community development, mobilization, and organization and enrich individual, family, and collective well-being. (2.1J)	Yes	No	
Provision of training regarding community needs and problems. (2.1L)	Yes	No	
Advocacy activities to improve systems and to address structural or systemic inequalities. (2.1M)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 2.2: Referral			
Helping clients to navigate community resources and connecting them with services to enhance social well-being. (2.2A)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			

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GOAL 3: TO PROMOTE EFFECTIVE AND HUMANE OPERATIONS OF SYSTEMS			
Activity 3.2: Consultation			
Participating in consultations regarding agency practice and policy development. (3.2B)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 3.3: Coordination			
Coordinating programs and services. (3.3A)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 3.4: Evaluation			
Evaluating services and interventions. (3.4A)	Yes	No	
Conducting a basic organizational needs assessment and environmental scan. (3.4C)	Yes	No	
Conducting a basic client needs assessment for the purpose of informing design of programs and services. (3.4E)	Yes	No	
Participation in continuous quality improvement duties. (3.4I)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			

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Activity 3.5: Program Development			
Developing and coordinating community programs that support social functioning. (3.5B)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 3.6: Staff Development			
Facilitating professional learning opportunities for staff. (3.6A)	Yes	No	
Developing and facilitating information exchange processes, including sharing best practices among staff. (3.6B)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 3.7: Ethical Practice			
Being aware of and adhering to the Code of Ethics, practice standards, and guidelines of the Association. (3.7A)	Yes	No	
Being aware of legal and ethical issues related to practice. (3.7B)	Yes	No	
Acting in accordance with the regulatory framework for practice and upholding professional values and principles in practice. (3.7C)	Yes	No	
Implementing techniques to identify and resolve ethical dilemmas when they arise. (3.7D)	Yes	No	
Engaging in ethical documentation and record keeping in accordance with workplace and professional standards. (3.7E)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			

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GOAL 4: TO DEVELOP AND IMPROVE SOCIAL POLICY			
Activity 4.1: Planning			
Foundational activities related to identifying the need for social policy, engaging others in highlighting the need for social policy, and facilitating public participation. (4.1A)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 4.2: Policy Advocacy			
Advocacy for policy and legislation changes that will effectively address social conditions and social justice. (4.2A)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 4.3: Policy Analysis and Review			
Foundational activities related to social policy analysis. (4.3A)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			

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Activity 4.4: Policy Development			
Foundational activities related to developing, implementing, and evaluating social welfare policies. (4.4A)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
GOAL 5: TO ENHANCE AND EXPAND THE PROFESSIONS KNOWLEDGE BASE			
Activity 5.1: Instruction and Professional Development			
Education to students enrolled in social work technician programs. (5.1A)	Yes	No	
Training and professional development to practicing social work technicians. (5.1C)	Yes	No	
Participating in professional development and information exchange processes, including sharing best practices. (5.1E)	Yes	No	
Engaging in reflective practice. (5.1D)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			
Activity 5.2: Research and Evaluation			
Participation in research and the evaluation and dissemination of research informed knowledge. (5.2A)	Yes	No	
Collecting data. (5.2B)	Yes	No	
Conducting research regarding the practice of social work technicians. (5.2D)	Yes	No	
If 'Yes', please provide further details (ex. description, frequency, competency level, job role, and execution):			

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INVESTIGATIONS AND UNPROFESSIONAL CONDUCT (EMPLOYER TO COMPLETE)

Has the applicant faced any investigations or actions due to unprofessional conduct?

Yes No

If 'Yes', please provide a summary and its resolution:

EMPLOYER DECLARATION

By signing below, I (the employer) verify that the information provided herein is accurate to the best of my knowledge and that the applicant has demonstrated the indicated competencies during their employment with our organization.

Employer Signature: _____ **Date:** _____

THE EMPLOYER MUST SUBMIT THIS FORM DIRECTLY TO THE NBASW:

- Email: shae.mccarthy@nbasw-attsnb.ca Subject: Equivalency
- Fax: 506 457 1421
- Mail: ATTN: Shae McCarthy RE: Equivalency
 New Brunswick Association of Social Workers
 P.O. Box 1533, Station A
 Fredericton, NB
 E3B 5G2

If the applicant has faced any investigations or actions due to unprofessional conduct, the employer must provide a detailed summary that includes its resolution. For any ambiguity or uncertainty, employers are encouraged to liaise with an NBASW representative for clarification.