



Verification of Registration
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 info@nbasw-attsnb.ca subject: 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: info@nbasw-attsnb.ca subject : Social Work Member Application
- Fax: 506 457-1421
- Mail: The Registrar RE: Social Work Member Application
New Brunswick Association of Social Workers
P.O. Box 1533 Station A
Fredericton, NB
E3B 5G2