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Name

Mailing Address

City/Town Province Postal Code

Phone Number

Email Address

**Declaration for the Provision of Electronic Social Work Services by Registered Social Workers
in Other Canadian Jurisdictions to Clients in Newfoundland and Labrador**

I acknowledge and understand that as a provider of electronic social work services to clients in the province of Newfoundland and Labrador that:

- a) I am a registered social worker in good standing with _____; Registration # _____ and understand that this declaration is only valid while I am a registered social worker in good standing with this regulatory body. I agree to advise NLCSW if my registration status with this regulatory body changes.
- b) This approval does not cover the provision of social work services either in-person or electronically if I am offering those services while I am physically present in the province of Newfoundland and Labrador. I understand that Active registration with NLCSW would be required.
- c) My registration has been granted on the basis of educational qualifications which are equal to the criteria for registration as set by the NLCSW. My educational qualification is a bachelors, masters, or doctoral degree in social work from a university accredited by the Canadian Association for Social Work Education (CASWE), the Council for Social Work Education or international equivalent.
- d) I attest that I have never been convicted of a criminal offence under the Criminal Code of Canada, the Controlled Drugs and Substances Act or a similar penal statute of another country.
- e) I will inform clients of the jurisdiction in which I hold a registration to practice.
- f) I have read and will adhere to:
 - the Canadian Association of Social Workers (CASW) Code of Ethics,
 - the CASW Ethical Guidelines (2005),
 - the NLCSW Standards of Practice for Social Workers in Newfoundland and Labrador (2020).
- g) I am aware of available resources in Newfoundland and Labrador to assist clients.
- h) I hold a professional liability insurance policy which covers the provision of electronic social work services in Newfoundland and Labrador and have enclosed proof of current coverage. While I hold electronic practice approval with the NLCSW, I will always maintain a current professional liability insurance policy.

I hereby attest that all the information provided on this form is accurate and correct.

Signed: _____

Date: _____