

Newfoundland & Labrador
College of Social Workers

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Email: registration@nlcsw.ca

Verification of Registration / Licensure / Certification in Another Jurisdiction

Directions for Applicant: Complete top portion of this form and send it to your primary regulatory body to complete.

To: _____ (Province/State Board)

I, _____ am applying for electronic practice approval in Newfoundland
Full Name

and Labrador. The Newfoundland and Labrador College of Social Workers requests that I submit verification of my registration / license / certification status. Registration/license/certificate #: _____.

You are hereby authorized to release any information in your files, favourable or otherwise, directly to the Newfoundland and Labrador College of Social Workers. Your early attention is appreciated.

Signature: _____ Print Name: _____ Date: _____

Directions for Social Work Board: Please complete and return form directly to the Newfoundland and Labrador College of Social Workers at the email address indicated above.

Name in your records: _____

Type of Registration / License / Certificate: _____ Number: _____

Date Issued: _____

Is License Current? Yes If yes, Expiration Date: _____

No If no, Date Expired: _____

Please verify requirements met:

_____ BSW from an accredited school. Original transcripts on file? Yes No

_____ MSW from an accredited school. Original transcripts on file? Yes No

_____ Other: (Please specify) _____

Does your jurisdiction require an exam? Yes No

Level Exam Taken (if any): _____ Date Exam Passed: _____

Are there any restrictions or conditions on this individual's registration / license / certificate?

Yes No (If yes please explain on separate sheet)

Are there or have there been any complaints and / or disciplinary actions against this individual?

Yes No (If yes please explain on separate sheet)

Is the individual in compliance with the continuing competence requirements set by you?

Yes No (If no please explain on separate sheet)

Is the individual in compliance with the quality assurance requirements set by you?

Yes No (If no please explain on separate sheet) N/A

Is there any other information the Newfoundland and Labrador College of Social Workers should be aware of regarding this individual? Yes No (If yes please explain on separate sheet)

Print Name: _____ Title: _____

Signature: _____ Date: _____