

Application Form for Registration as a Social Worker –



Ontario College of
Social Workers and
Social Service Workers

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General Certificate of Registration for Social Work – Social Work Degree

Only use this application form if you have obtained:

- a degree in social work from a social work program accredited by the Canadian Association for Social Work Education; **OR**
- a degree from a social work program or an equivalent program offered in Canada and approved by Council as equivalent to a social work program accredited by the Canadian Association for Social Work Education; **OR**
- a degree from a social work program offered at a college or university in the United States and accredited by the Council on Social Work Education (U.S.A.) as a baccalaureate or master's level social work degree program; **OR**
- a degree from a social work program or equivalent program offered outside Canada and outside the United States which you have submitted to the Canadian Association of Social Workers for evaluation and which the Canadian Association of Social Workers has evaluated as being equivalent to at least the Bachelor of Social Work obtained from a social work program accredited by the Canadian Association for Social Work Education.

PLEASE READ THE REGISTRATION GUIDE BEFORE COMPLETING THE APPLICATION FORM

- Complete all sections of the Application Form. If a section is not applicable, indicate N/A.
- Incomplete applications cannot be processed and will be returned.
- Mail the completed and signed application form and supplemental form, if applicable, to the Ontario College of Social Workers and Social Service Workers.
- Faxed, e-mailed or photocopied forms will not be accepted.

1. Preferred Language of Communication:

English

French

2. Personal Identification

Print your name exactly as you wish it to appear on your certificate of registration.

Surname

First Name

Middle Name

List other name(s) by which you are, or have been, known.

Previous Name(s)

Professional Name(s)

Other

Date of Birth: DAY | MONTH | YEAR

Male

Female

3. Home Address and Contact Information

Street:

Apt/Bldg:

Post Office Box:

City:

Province/State:	Postal Code:	Country:
Home Telephone (include area code):	Home Fax (include area code):	
Home E-mail:	Cell phone (include area code):	OPTIONAL

4. Business Address and Contact Information

If you have more than one place of business/employment, please indicate your principal place of business/employment.

Name of Business or Employer:

Street:	Apt/Bldg:	
Post Office Box:	City:	
Province/State:	Postal Code:	Country:
Business Telephone (include area code):	Extension:	
Business Fax (include area code):	Business E-mail:	

5. Language

In order to be registered in the College, you must demonstrate that you are able to speak and write either English or French with reasonable fluency.

Is English your primary language of communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is French your primary language of communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was English your language of educational instruction in social work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was French your language of educational instruction in social work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently provide social work services principally in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently provide social work services principally in French?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Citizenship (select only one)

I am a Canadian citizen;

or a permanent resident of Canada;

or authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of social work
(NOTE: Attach a photocopy of authorization to this form);

or none of the above – please specify:

7. Release of Information from the Register for Research Purposes

I consent to the release of information pertaining to me which is contained in the Register of the College to a person or an organization for the purpose of research. **OR**

I do not consent to the release of information pertaining to me which is contained in the Register of the College to a person or an organization for the purpose of research.

8. A) Academic Qualifications

The College requires verification of one social work degree. It is the responsibility of the applicant to ensure that the academic institution forwards

an official transcript directly to the College. Verification of only one social work degree is required. It does not have to be the highest degree, or the most recent degree, however, it may be more likely that a recent degree will have been obtained from an accredited program.

If the degree which you intend to use to satisfy the registration requirements of the College was obtained from a social work program offered outside Canada and outside the United States, the degree must be submitted to the Canadian Association of Social Workers for evaluation.

Please provide information about the degree(s) you have obtained from a social work program or an equivalent program.

Name and address of institution:

Degree obtained:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Student I.D. #

Name and address of institution:

Degree obtained:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Student I.D. #

If your degree was obtained from a social work program offered outside Canada and outside the United States, please answer the following question:

Have you submitted your social work program to the Canadian Association of Social Workers for evaluation? Yes No

8. B) Practice of Social Work

If you **did not obtain** the academic qualification listed in 8. A.) within the 5 years immediately before the date of this application, you must answer the following questions:

Have you engaged in the practice of social work within the five years immediately before the date of this application? Yes No

If you answered YES, please provide the following information regarding your employment within the last five years:

Name of Employer:

Business Address of Employer:

Dates of Employment: From: To:

Name/Title of Position:

Position Duties and Responsibilities:

Name of Employer:

Business Address of Employer:

Dates of Employment: From: To:

Name/Title of Position:

Position Duties and Responsibilities:

Please attach additional pages as required.

If you were engaged in the practice of social work in private practice, please provide the following information regarding your private practice within the last five years:

Name of Private Practice:

Business Address of Private Practice:

Dates of Private Practice:

From:

To:

Nature and Focus of Private Practice:

Average number of clients per month:

Enclose original business card, letterhead or other original evidence that confirms your private practice.

Please attach additional pages as required.

If you answered "NO" to Question 8 B): Download, complete, sign and date and submit with your application, the **"Supplemental Form Regarding Competence to Perform the Role of a Social Worker"**.

9. Professional Conduct

- a. Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity or any other similar finding, including a finding of professional misconduct, incompetence or incapacity made by a professional association or other body that has self-regulatory responsibility, whether in Ontario or any other jurisdiction, in relation to the practice of social work, social service work, or any other profession?
 Yes No
-
- b. Are you currently the subject of a proceeding in relation to professional misconduct, incompetence or incapacity or any other similar proceeding (for example, a complaint or discipline proceeding), including a proceeding relating to professional misconduct, incompetence or incapacity held by a professional association or other body that has self-regulatory responsibility, whether in Ontario or any other jurisdiction, in relation to the practice of social work, social service work or any other profession?
 Yes No
-
- c. Have you ever been found guilty of a criminal offence in Canada or in any jurisdiction outside of Canada?
 Yes No
-
- d. Have you ever been found guilty of an offence under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada) or any other offence relevant to your suitability to practise social work?
 Yes No
-

If your answer is Yes to any of the above questions, you must provide full particulars on a separate sheet of paper and attach it to this form. A Yes response does not necessarily make the applicant ineligible for registration in the College. The College reserves the right to decide on an individual basis as to the possible impact of the conduct on social work practice.

If the information provided under this Item 9 changes after you have applied for registration but before you are issued a certificate of registration, you must immediately inform the Registrar in writing.

10. Voting Category

- a) Are you currently a member of the College in the social service work category? Yes No
- b)) If you answered “no” to (a), have you applied to become a member of the College in the social service work category? Yes No
- c) Since members are eligible to vote in only one membership category, if you are registered in both categories, please indicate whether you prefer to vote as a: Social Worker Social Service Worker

11. Declaration and Authorization

I declare that all the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in or in connection with this application is cause for revocation of my certificate of registration with the Ontario College of Social Workers and Social Service Workers (the College).

I agree to notify the College in writing within 30 days of any change(s) to any information contained on this form.

I hereby authorize the College to contact any authority, institution, association, body or person in any jurisdiction to verify the information set out in this application and hereby authorize any such authority, institution, association, body or person to release to the College any information relevant to the information set out in this application.

I understand that my name, class of certificate of registration, business address(es), business telephone number(s) and name of my employer or business, as well as other information listed in the Social Work and Social Service Work Act, 1998 and by-laws, is information which is available to the public. I also understand that if I provide my home address as my business address, my home address will be information which is available to the public.

Print Name:

Signature:

Date of Application:

* If disclosure of your business address(es), business telephone number(s) or name of your employer or business may jeopardize your safety, please advise the Registrar in writing. The Registrar will assess whether there is a basis for this information not to be made available to the public. In addition, if you use a pseudonym in your practice of social work because it is necessary for your personal safety, please advise the Registrar in writing. In both cases, provide written details.

12. Application and Registration Fee

New Graduates only

If you are applying for registration on or before December 31 of the year in which you graduate from a social work program, the registration fee is \$170.

Registration Fee: \$170.00

Application Fee: \$ 75.00

Total: \$245.00

All other Applicants

Registration Fee: \$270.00

Application Fee: \$ 75.00

Total: \$345.00

Please note the following:

- The Application Fee is not refundable
- Payment must be made in full and may be made by cheque, money order or credit card
- Post-dated payment (cheque or credit card) will not be accepted
- There will be a \$25.00 charge for any cheque/credit card that is not honoured

Enclose with the application a cheque or money order, in the correct amount, made payable to the Ontario College of Social Workers and Social Service Workers for the TOTAL amount of the application fee and the applicable registration fee.

Amount of cheque enclosed \$

OR Complete the following credit card information (PLEASE PRINT CLEARLY)

VISA MASTERCARD

Card number:

Expiry date:

Name as it appears on the credit card:

Amount authorized:

Signature of card holder:
