**ACSW**

**Alberta College of Social Workers**

**PRIVATE PRACTICE ROSTER RENEWAL FORM**

Please note all changes and add any additional information

Name: Click here to enter text.

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 Surname, First, Middle

Business Name: Click here to enter text.

Business Address: Click here to enter text.

Business Phone: Click here to enter text.

Fax: Click here to enter text.

Email: Click here to enter text.

ACSW Registration Number: Click here to enter text.

Are you on the ACSW Clinical Social Work Registry? No [ ]  Yes [ ]

ACSW Clinical Social Work Registration Number (if applicable): Click here to enter text.

**It is an expectation that all private practice social workers will be in good standing with the ACSW and have the appropriate insurance coverage for liability and office.**

Please check that you have read and understood this statement.

Please provide a short description (less than six words) of your Private Practice Specialty that will be listed on the Private Practice Roster: Click here to enter text.

I am interested in receiving: a) Consultation Yes [ ]  No [ ]

 b) Supervision Yes [ ]  No [ ]

If you answer YES to either (a) or (b), what is your area of interest? Click here to enter text.

I am interested in giving: a) Consultation Yes [ ]  No [ ]

 b) Supervision Yes [ ]  No [ ]

If you answer YES to either (a) or (b), what is your area of interest? Click here to enter text.

The following questions are for information purposes only and are optional to answer. We appreciate your response.

What is your fee per hour? Click here to enter text.

Do you have a sliding scale? Yes [ ]  No [ ]

Do you have a reduced fee for the first appointment? Yes [ ]  No [ ]

The information you have provided helps us to collect data about private practice social work in Alberta and helps us to connect practitioners with one another for consultation and/or supervision.

I hereby declare that the statements made in this application by myself are true.

Click here to enter text. Click here to enter text.

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Date Signature

Please submit to the ACSW Private Practice Committee, c/o Rhonda Zabrodski:

Rhonda Zabrodski, MSW, RSW

 Deer Valley Professional Centre

 203-83 Deerpoint Road SE

 Calgary, Alberta T2J 6W5

 or email: Rhonda.Zabrodski@Gmail.com

 or FAX: 403-271-1575

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