**ALBERTA COLLEGE OF SOCIAL WORK**

**PRIVATE PRACTICE ROSTER ANNUAL RENEWAL FORM**

Please note all changes and add any additional information. Please answer all questions. Information forwarded through this form is the information forwarded to individuals and companies seeking referrals.

Preferred Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RSW #: Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Practice Address: Employment Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prov\_\_\_\_PC\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prov\_\_\_\_PC\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty in Private Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Practice 1)Full-time\_\_2)Part-time\_\_ Hours per month:

Are you on the Clinical Social Work Registry? Yes\_\_\_\_No\_\_\_\_

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?-------------------------------

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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?------------------------------

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

What is your fee per hour?\_\_\_\_\_\_\_\_. Do you have a sliding fee scale? Yes\_\_\_\_\_. No\_\_\_\_\_.

Do you have a reduced fee for the first appointment? Yes\_\_\_\_. No\_\_\_\_\_.

**Your additional comments are now invited.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The data you have provided above helps us to collect data about the private practice of social work in Alberta, and helps us to connect practitioners with one another for consultation and/or supervision. The submission of this information is required if you wish to maintain your standing on the Private Practice Roster. Your name may be removed from the Roster if this form is not completed and submitted to the ACSW Private Practice Committee.

**Please submit to the ACSW Private Practice Committee c/o Rhonda Zabrodski, MSW, RSW at Rhonda.Zabrodski@gmail.com or Deer Valley Professional Centre, 203 – 83 Deerpoint Road SE, Calgary, AB T2J 6W5 or fax 403 271 1575**

**Thank you for you cooperation**