



Verification of Registration/Licensure

INSTRUCTIONS FOR APPLICANT

Complete the top portion of this form and send the entire document to the regulatory body where you have been a licenced, registered, chartered, or certified professional. **Please check with the appropriate Board and include any required fees with this form.** Complete one form for each applicable regulatory body.

1. Applicant to the Alberta College of Social Workers

Full Name			
Date of Birth		Registration/License #	
Regulatory Body			

I am applying for registration in Alberta, Canada, to practice Social Work. The Alberta College of Social Workers (ACSW) requests that I submit verification of my registration, license, charter, or certification status. You are hereby authorized to release any information, favourable or otherwise, directly to the ACSW.

Signature _____ Date _____

INSTRUCTIONS FOR REGULATORY BODY

Please complete rest of the form and return form directly to the Alberta College of Social Workers. **Section 3 is for Social Work Regulatory Bodies only.** Typing in form will expand as necessary. Electronic signature is acceptable. **Please submit by email, fax, or mail.**

Completed By		Title	
Email		Phone #	
Regulatory Body		Signature & Date	

2. Registration/License/Charter/Certificate Information

Name of applicant in Your Records/Registration #			
Date of Initial Registration		Registration Valid Until	
Category/Class/Type of Registration Licensure			
Current status of registration/licensure			
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Other (please explain)			



3. Education & Basis of Registration/Licensure (For Social Work Regulatory Bodies Only)

Social Work Education Level		<input type="checkbox"/> MSW	<input type="checkbox"/> BSW
<i>If you have an official transcript on file please attach a copy</i>			
Exam Type (if applicable)		Date Exam Passed (if applicable)	
Other <input type="checkbox"/> Grand-parented <input type="checkbox"/> Reciprocity (with which jurisdiction) <input type="checkbox"/> Other Qualification			
<i>Please explain below, if applicable</i>			

4. Registration/License History

Do you consider this individual to be in good standing at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, please explain below</i>	
Are there any limitations or restrictions on this individual's registration/license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain below</i>	
Have there ever been any complaints, notices, warnings, reprimands and/or disciplinary actions against this individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain below and specify if it pertains to behaviour of a sexual nature</i>	
Are there any enhancements or endorsements on this individual's registration/license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain below</i>	
Is there any other information the ACSW should be aware of with regard to this individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain below</i>	

Please forward this form to the Alberta College of Social Workers by one of the following methods:

E-Mail: registration@acsw.ab.ca (preferred)

Fax: 1 (780) 421-1168

Mail: 100, 13220 St. Albert Trail, Edmonton, AB T5L 4W1