

Return to Practice Declaration

Registrants returning to practice are required to submit a Continuing Professional Development (CPD) Learning Plan. The Learning Plan identifies the returning registrant's professional learning goals and activities to ensure a safe, ethical and successful return to practice. Registrants returning to practice after having been in the non-practising class for over a year must also identify a supervisor/mentor.

Please complete section 1-4 of this form in order to qualify to return to a practicing class. Keep a copy of this form to help you complete your CPD submission in your first year of returning to practice.

1. Continuing Professional Development Program

Self-assess your strengths and areas for further development and review your practice in conjunction with the Standards of Practice. Consider the following question when completing the section below: what will help me improve outcomes for my clients?

a) List your CPD goals: what you would need or like to learn, or further develop, to ensure your successful return to practice.

b) Provide details on the activities you will undertake to meet your goals. These can include education, training, supervision, research, reading, self-awareness and critical reflection, etc.

- c) Explain how you believe the goals and activities identified in response to questions 1 and 2 will enhance the quality of your practice or service delivery.

2. Declaration

I, _____, a registrant of the British Columbia College of Social Workers attest that my return to, and continuing practice of, social work will be in compliance with the *Social Workers Act*, Social Workers Regulation, the Bylaws, Standards of Practice, policies, and guidelines of the BC College of Social Workers.

Signature _____ Date _____

3. Place of practice address change:

Section 53.(1) of the College bylaws states that a registrant must inform the College of any change in practice address: "A registrant must advise the registrar of the address of all of the registrant's places of practice of social work and inform the registrar immediately of a change of any of the registrant's places of practice of social work."

If your place of practice is different from the one we currently have on file, please complete this section:

Organization Name: _____

Address: _____

Work Phone: _____ Fax: _____ Work Email: _____

Is this your primary place of practice? Yes No Start Date _____

Would you like the phone number and the address of your practice location to be visible on our public registry? Yes No

4. Transfer Fee Payment

Payment of a transfer fee is required to complete your transfer to the Full/Clinical class. The fee is calculated based on the difference between the registration fees for the Full/Clinical class and the Non-Practising class. Payment can be made by Visa, MasterCard, Money Order or Cheque payable to the British Columbia College of Social Workers.

Credit Card Payment: MC Visa Cheque Enclosed # _____

Credit Card #																					Expiry:	M	M	Y	Y
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CVV: _____ (three digit number on the back of your credit card)

Amount: \$ _____ Transfer fees are prorated depending on the month of transfer.
 Please contact the College for correct amount due.

Name Printed on Card: _____

Authorized Signature: _____



Please complete section 5 and appendix 1 if you have been in the non-practising class for over one year.

5. Return to Practice Supervision/Mentor Requirements

If you have been in the Non-Practising class for more than one year, you are required to have a mentor or supervisor to assist you in making a safe return to practice. The number of hours you are required to meet with your mentor or supervisor varies depending on the length of time spent in the Non-Practising class (see 'Returning to Practice' instructions on the BCCSW web site - <http://www.bccollegeofsocialworkers.ca/registrants/transferring-to-a-different-class-of-registration/>). Meetings with your mentor/supervisor may be in person or using technology. You must provide the name, position and contact information (phone number and email) of a mentor or supervisor to the BCCSW prior to your return to practice. By submitting this Return to Practice Declaration you authorize the College to be in contact with the named supervisor and for the supervisor to provide information to the College.

Supervisor/Mentor Information:

I understand that I must complete ___ hours of supervision/mentoring in the first ___ months of returning to practice and have informed the following supervisor/mentor of this requirement.

Name: _____ Position: _____

Direct Phone: _____ Direct Email: _____

Name of Mentor/supervisor's organization _____

I understand that I am responsible for submitting the 'Declaration of Return to Practice Supervision/Mentoring Hours Completed' form (Appendix 1) to the BCCSW at the end of the ___ month return to practice period. Failure to do so may result in an investigation into the matter.

Appendix 1**Declaration of Return to Practice Supervision/Mentoring Hours Completed**

This declaration must be submitted to the BCCSW by mail, fax or email (scanned) no later than 30 days after the expiration of your return to practice supervision/mentor requirement period. Failure to submit this information to the College may result in an investigation by the Inquiry Committee.

In returning to practice from the non-practicing class of registration at the BCCSW, I, _____, understand that I had a commitment to undertake ___ hours of supervision/mentoring in the first ___ months of practice in order to ensure a safe, ethical and successful return to practice. By signing below, I attest that I have actively participated in the required number of hours of supervision/mentoring within the specified period of time.

Signature _____ Date _____
[Registrant]

Signature _____ Date _____
[Supervisor]