

## Verification of Registration and Licensure for Non-Social Work Regulators

*Please forward this Verification request to each Regulating body you have been registered, licensed or certified with. Some Regulators charge a fee to complete this form; be sure to check with the Regulator and remit the appropriate fee with this form.*

### Consent to Disclose Information

I have applied for registration with the British Columbia College of Social Workers and hereby authorize the \_\_\_\_\_ to provide the following  
Name of Regulating Body  
information to the BC College of Social Workers.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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### The following questions are to be completed by the Regulatory Body

1. This is to certify that the above named individual was registered or licensed to practice as a:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Date

- Registration number: \_\_\_\_\_
- If the registration is currently valid when will it expire? \_\_\_\_\_  
Date

2. Has this person ever been the subject of a complaint that resulted in disciplinary action?

NO  YES Please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Please provide any other information that your organization can share about the applicant that might affect a decision to register or license the applicant as a social worker.

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**Regulating Body Information**

Regulating Body: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Form Completed By**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Please complete and return the ORIGINAL form to the BC College of Social Workers*

**Regulating Body Seal**