

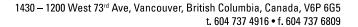
info@bccsw.ca www.bccollegeofsocialworkers.ca

## **Verification of Registration and Licensure for Social Work Regulators**

Please forward this Verification request to each Regulating body you have been registered, licensed or certified with as a social worker. 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**

		ollege of Social Workers and hereby to provide the following
information to the BC Co	Name of Regulating Body	to provide the following
Applicant Signature		Date
	Personal Information of Ap	<u>oplicant</u>
Last Name:	First Name:	
Other Names Used:		
Mailing Address:		City:
Province:	Postal Code:	Country:
	at the above named individual was re	
	n Number:	
• Explain Crit	eria:	
• From:		End Date
Current Sta	tus of Registration:   Active	Expired   Lapsed
□ Ot	her Please explain:	





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2.	Registration	/Licensure was based or	n:			
	☐ Degree:		If you ha	ave an official copy of the transcript on file,		
		BSW, MSW, PhDSW	please at	attach a copy.		
	☐ Exam:			Exam Passed:		
		BSW, MSW, I	PhDSW	Date		
	Grandparented					
3.	Are there ar	ny limits or conditions or	n the individu	ual's registration/licensure?		
		No   Yes Please expla	ain:			
4.	Is the individ	dual currently or ever be	een the subjec	ect of a complaint?		
	1	No   Yes Please expla	ain:			
5.	5. 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.					
		Regulat	ting Body In	<u>nformation</u>		
Regula	ting Body:					
Mailing	g Address:			City:		
Provinc	ce:	Pos	tal Code:	Country:		
		<u>For</u>	rm Complet	eted By		
Last Name:		F	First Name:			
Title:		E	Email Address:			
Signatu	ure:			Date:		

**Regulating Body Seal**