



## Verification of Social Work Registration, Licensure or Certification in another Jurisdiction

**Directions for Applicant:** Complete top portion of this form and send it to the appropriate office. Complete one form (page 2) for each applicable jurisdiction.

To: \_\_\_\_\_ (Province/State Board)

I am applying for registration in Nova Scotia to practice social work electronically  
I was granted registration/licence/certificate # \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_.

The NSCSW requests that I submit verification that my registration/license/certification in \_\_\_\_\_ is/was in good standing.

You are hereby authorized to release any information in your files, favourable or otherwise, directly to the NSCSW. Your early attention is appreciated.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Directions for Social Work Board:** Please complete and return form directly to the **Nova Scotia College of Social Workers** at 1888 Brunswick Street, Suite 700, Halifax, NS B3J 3J8

Name in your records: \_\_\_\_\_  
Type of Registration/License/Certificate: \_\_\_\_\_ Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_

Is License Current?  Yes  No If yes, Expiration Date: \_\_\_\_\_

Please verify requirements met:  
\_\_\_\_ BSW from an accredited school  
\_\_\_\_ MSW from an accredited school  
\_\_\_\_ Other: (Please specify) \_\_\_\_\_

Do you have copies of original transcripts issued by the degree granting institution on file?  Yes  No

Are there any restrictions or conditions on this individual's registration/license/certificate?  
 Yes  No (If yes please explain on a separate page)

Are there or have there been any Complaints and/or Disciplinary Actions against this individual?  
 Yes  No (If yes please explain on a separate page)

Is there any other information the Nova Scotia College of Social Workers should be aware of with regard to this individual?  Yes  No (If yes please explain on separate sheet)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Declaration for the Provision of Electronic Social Work Services by Registered Social Workers in other Canadian Jurisdictions to clients in Nova Scotia

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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

### I acknowledge and understand that as a provider of social work services to clients in the province of Nova Scotia that:

1. I am a Registered Social Worker in good standing in the province/territory/state of \_\_\_\_\_; Registration/Licensure # \_\_\_\_\_ and understand that this declaration is only valid while I am a registered social worker in good standing with this regulatory body.
2. My registration has been granted on the basis of educational qualifications which are equal to the criteria for registration as set by the Nova Scotia College of Social Workers (NSCSW).
3. My educational qualification is a bachelors, masters or doctoral degree in social work from a university accredited by the Canadian Association for Social Work Education, the Council for Social Work Education or international equivalent.
4. I attest that I have never been convicted of a criminal offence under the Criminal Code of Canada, the Controlled Drugs and Substances Act or a similar penal statute of another country.
5. I will inform clients of the jurisdiction in which I hold a registration to practice.
6. I have read and will adhere to:  
  

Canadian Association of Social Workers (CASW) *Code of Ethics*  
NSCSW *Standards of Practice* (2017)  
NSCSW *Standards of Practice for Technology and File Storage*
7. I am aware of available resources in NS to assist clients.
8. I hold a professional liability insurance policy which covers the provision of electronic social work services in NS.
9. I plan to offer social work services electronically to clients in NS during the following time period \_\_\_\_\_.

I hereby attest that all the information provided on this form is accurate and correct. I hereby attest that I requested verification of my status in the province of \_\_\_\_\_ on \_\_\_\_\_(date).

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