NSCSW | NOVA SCOTIA COLLEGE OF SOCIAL WORKERS

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

Directions for Applicant: Complete top portion of this form and send both pages to the appropriate office. Complete one form for each jurisdiction where you are currently registered.

To: _____(Regulatory Authority for Province/Region)

I am applying for registration in Nova Scotia to practice social work.
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/Licence/Certificate: _____ Number: _____
Date Issued: _____ Date Expired: _____

Is Licence 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/licence/certificate?
☐ Yes ☐ No (If yes please explain on reverse or 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 reverse or 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 reverse or a separate page)

Signature: _____ Title: _____ Date: _____

Verification of Social Work Registration, Licensure or Certification in another Jurisdiction: Additional Information From Regulatory Authority

This page can be used to provide further detail regarding the answers on Page 1, if needed. Or if such information is being provided separately, this page can be used to list supporting documents.

Name of Applicant/Registrant: _____

Additional information regarding this person's registration status or standing in your jurisdiction:

Signature: _____ Title: _____ Date: _____