



Certification of completion of necessary requirements for social work degree

Name of applicant:

Address:

Telephone:

I have submitted a Practicing Member Application to the New Brunswick Association of Social Workers. Please complete this form and return it to the NBASW. Thank you.

NBASW
P.O. Box 1533,
Station A
Fredericton, NB
E3B 5G2

Signature of Applicant

Date

To Be Completed by the Education Institution

This is to certify that the above-named applicant has successfully completed all the requirements for the awarding of the Social Work degree and that there are no known impediments to this conferral.

Degree: Projected date of conferral (date/month/year):

BSW

MSW

Name of University:

Signature of Registrar or University Official

Date

Official seal of University