



Member Application Form
Social Work Technician Equivalency Application

PLEASE COMPLETE EACH SECTION

First Name: _____ Last Name: _____

Previous names (if applicable): _____

Date of birth (day/month/year): _____

Mailing Address: _____

Phone number:
(Home): _____ (Office): _____

(Cellphone): _____

Email Address: _____

1. Canadian Residency (select one):

I am a resident of Canada

I am entitled to be a resident of Canada

Other (please specify, and include applicable work permits with your application):

2. Are you currently or have you ever been a member of a regulatory body(ies) and/or association(s) as a social work paraprofessional in another province(s) or country?:

Yes, and this is my notice to the Registrar that I wish to reinstate my membership.

No

If yes, please indicate which one(s): _____

3. I have reviewed the NBASW's [Scopes of Practice](#) and believe I have worked in a Social Work Technician equivalent role

Yes

No

4. Are you currently practicing in a social work technician equivalent role?

Yes

No



5. I have more than one individual capable of completing the Employer Verification Form as part of my Equivalency application in the event more information is required.

Yes

No

6. When available, I would prefer receiving material written in:

English

French

FEE:

Application Form must be accompanied by [an application fee](#) of \$100.00 (non-refundable) by **June 7, 2025** to be considered for equivalency. **Indicate Association 7 default registration number 12345.**

DECLARATION AND AUTHORIZATION:

I declare that all the information provided is accurate: I understand that this application fee is non-refundable and that a false or misleading statement, representation, or declaration in connection with this application is cause of rescission and/or revocation of my registration with the NBASW.

I hereby apply for Registration as a member of the New Brunswick Association of Social Workers. If accepted for membership, I agree to abide by the Act, the Code of Ethics, By-laws and Scope of Practice of the Association and will as far as may be in my power to promote the objectives of the Association.

Signature: _____ Date: _____

Please submit the completed form directly to NBASW by:

- **Email:** shae.mccarthy@nbasw-attsnb.ca subject: Equivalency
- **Fax:** 506 457-1421
- **Mail:** Shae McCarthy RE: Equivalency
New Brunswick Association of Social Workers
P.O. Box 1533 Station A
Fredericton, NB
E3B 5G2



Proofs of Identity Submission
Social Work Technician Equivalency Application

PLEASE PROVIDE ANY TWO COPIES OF THE FOLLOWING:

- Driver's license
- Medicare card
- Passport or immigration document
- Birth certificate
- Marriage certificate
- Legal change of name document

For privacy purposes, the NBASW does NOT accept copies of Social Insurance Number cards.

To add your proofs of identity:

1. Save a photo of each proof of identity to your device.
2. For each image field:
 - a. Select each image field.
 - b. Select "Browse".
 - c. Choose photo.
 - d. Select "Open".
 - e. Select "OK".

FOR ALTERNATIVE SUBMISSION OPTIONS, YOU CAN SUBMIT DIRECTLY BY:

- Email: shae.mccarthy@nbasw-attsnb.ca subject : Equivalency
- Fax: 506 457-1421; or
- Mail: Shae McCarthy RE: Equivalency
New Brunswick Association of Social Workers
P.O. Box 1533 Station A
Fredericton, NB
E3B 5G2

Year: _____

Registration Form

New Brunswick Association of Social Workers
P.O. Box 1533, Station A
Fredericton, NB E3B 5G2
Telephone: (506) 459-5595 Fax: (506) 457-1421
E-Mail: shae.mccarthy@nbasw-attsnb.ca

Social Work Technician Equivalency Application

See following page for Codes

- 1. Registration Status (code): _____
- 2. a. Membership Status (code): _____
- b. **(If Applicable)**
 - i) Previous province/Territory/State/Country (code) _____
of Residence, Employment, and Registration: _____
 - ii) Registration Number(s) in Previous Jurisdiction: _____

- 3. NBASW Chapter (code): _____
- 4. Gender: Other/Prefer not to say W M
- 5. Year of Birth: _____
- 6. I desire NBASW material in: E F

- 7. A. I am able to provide professional services in the following official languages (code): _____
- B. I am able to provide professional services in the following additional languages (codes): _____

9A. Social Work or Recognized Social Work Technician Programs Only					9B. Other degrees/diplomas Only				
Level	University/Institution (code)	Graduation Year	Province/Country (code)	Completed before or after entry into the work force?	Level (code)	Discipline (code)	Training Institute	Graduation Year	Province/Country (code)
Diploma:				before after			_____		
Bachelor:				before after			_____		
Master:				before after			_____		
PhD:				before after			_____		

- 10. Area(s) of Experience (code): _____ + _____ + _____ If code 04 or 99, please specify type(s): _____
- 11. Year you began career as a social worker (SW) or social work technicians (SWT): _____
- 12. Total years in active social work or social work technician practice: _____
- 13. Current employment situation if not employed as Social Worker(code): _____
- 14. If not employed in SWT scope of practice, seeking employment? Yes No

15. Employment (Please complete only if you are currently providing social work technician services in New Brunswick)

Employment 1

- A. **Employer: check only one, then go to B**
 Private Practice I give permission (see code sheet) Yes No If Regional Health Authority (see code sheet): _____
 Department, Gov't of: NB Canada First Nations Agency Not for Profit Agency For Profit Agency Other
- B. **Specific** dept, Agency, Employer: _____
 Physical work Address: _____ City/Town: _____
 Province: _____ Postal Code: _____ Business Phone: _____ Fax: _____
- C. Year hired by this employer: _____
- D. Employment type (code): _____ Are you seeking a change in employment type? Yes No

E. Role (code)	F. Service Location (code)	G. Client Base (code)	H. Language of Service (code)	I. Area of Practice (code)	J. Average Hours per Week

Employment 2

- A. **Employer: check only one, then go to B**
 Private Practice: I give permission (see code sheet) Yes No If Regional Health Authority (see code sheet) _____
 Department, Gov't of: NB Canada First Nations Agency Not for Profit Agency For Profit Agency Other
- B. **Specific** dept, Agency, Employer: _____
 Physical Work Address: _____ City/Town: _____
 Province: _____ Postal Code: _____ Business Phone: _____ Fax: _____
- C. Year hired by this employer: _____
- D. Employment type (code): _____ Are you seeking a change in employment type? Yes No

E. Role (code)	F. Service Location (code)	G. Client Base (code)	H. Language of Service (code)	I. Area of Practice (code)	J. Average Hours per Week

By submitting this registration form, I hereby agree to be bound by and comply with the terms of the New Brunswick Association of Social Workers Act (2024), By-laws (2024), Code of Ethics (2007) and standards.

Signature: _____ Date: _____

NBASW Codes 2024

Find the response for each "(code)" question, and input the code associated on the registration form above.

PERSONAL INFORMATION

<p>1 Registration Status</p> <p>01 Registration Renewal: Registered in N.B. last year</p> <p>02 Reinstatement : registered in N.B. prior to last year but not last year</p> <p>03 Initial N.B. Registration: no prior registration in this province</p> <p>04 Previously registered in another Jurisdiction</p> <p>2 Membership Status</p> <p>01 Practicing Social Work Member</p> <p>07 Non-Practicing Social Work Member</p> <p>08 Temporary Authorized Social Work Member</p> <p>11 Practicing Social Work Technician Member</p>	<p>2A Membership Status (cont)</p> <p>13 Non-Practicing Social Work Technician Member</p> <p>14 Temporary Authorized Social Work Technician Member</p> <p><i>*2B See Province Information (highlighted)</i></p> <p>3 NBASW Chapter</p> <p>01 Chaleur</p> <p>02 Charlotte County</p> <p>03 Edmundston/ Grand Falls</p> <p>04 Fredericton</p> <p>05 Miramichi</p> <p>06 Moncton</p> <p>07 Restigouche</p> <p>08 Saint John</p> <p>09 Sussex</p> <p>10 Woodstock</p> <p>11 Acadian Peninsula</p>	<p>7A Language</p> <p>01 Unilingual English</p> <p>02 Unilingual French</p> <p>03 Functionally Bilingual (1st language English)</p> <p>04 Functionally Bilingual (1st language French)</p> <p>05 Fluently Bilingual (1st language English)</p> <p>06 Fluently Bilingual (1st language French)</p> <p>7B Language (Separate by /)</p> <p>07 Mi'gmac</p> <p>08 Wolastoqiyik</p> <p>09 Passamaquoddy</p> <p>10 Sign Language</p>	<p>7B Language (cont)</p> <p>11 Chinese</p> <p>12 Vietnamese</p> <p>13 Arabic</p> <p>14 Bengali</p> <p>15 Danish</p> <p>16 Dutch</p> <p>17 German</p> <p>18 Korean</p> <p>19 Spanish</p> <p>20 Hebrew</p> <p>99 Other (please specify)</p>
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EDUCATION INFORMATION

<p>9A Social Work Degrees Only University</p> <p>01 Université de Moncton</p> <p>02 Saint Thomas University</p> <p>03 Memorial University</p> <p>04 Dalhousie University(MSSW)</p> <p>05 Université de Québec</p> <p>06 Université de Sherbrooke</p> <p>07 Université Laval</p> <p>08 McGill University</p> <p>09 Université de Montréal</p> <p>10 Carleton University</p> <p>11 University of Ottawa</p> <p>12 University of Toronto</p> <p>13 York University</p> <p>14 Ryerson Polytechnic University</p> <p>15 McMaster University</p> <p>16 Wilfred Laurier University</p> <p>17 University of Windsor</p> <p>18 Lakehead University</p> <p>19 University of Manitoba</p> <p>20 University of Regina</p> <p>21 University of Calgary</p> <p>22 University of British Columbia</p> <p>23 University of Victoria</p> <p>24 Laurentian University</p> <p>99 Other</p>	<p>9B Other Education Level</p> <p>01 Diploma</p> <p>02 Baccalaureate</p> <p>03 Master</p> <p>04 PhD/Doctorate</p> <p>Discipline / Faculty</p> <p>01 Social Work</p> <p>02 Arts (Sociology, Psychology etc)</p> <p>03 Science</p> <p>04 Nursing</p> <p>05 Education</p> <p>06 Administration, Commerce, Management</p> <p>07 Law</p> <p>08 Divinity/Theology</p> <p>09 Gerontology</p> <p>99 Other</p>	<p>10 Areas of Experience</p> <p>01 Child Welfare/Protection</p> <p>02 Family Therapy</p> <p>03 Gerontology</p> <p>04 Counselling</p> <p>05 Investigation</p> <p>06 Mediation</p> <p>07 Community Development</p> <p>08 Management/Administration</p> <p>10 Addictions</p> <p>11 Treatment of Abuse</p> <p>12 Mental Health</p> <p>13 Psychotherapy</p> <p>14 Custody and Access Assessments</p> <p>15 Adoption</p> <p>16 Group Work</p> <p>17 Social Work Supervision</p> <p>18 Social Work Consulting</p> <p>19 Social Policy analysis/development</p> <p>20 Teaching of social work</p> <p>99 Other</p>	<p style="background-color: #ffffcc;">Province Codes for Personal Information, 2B, 9A, 9B, 15</p> <p>910 Newfoundland and Labrador</p> <p>911 Prince Edward Island</p> <p>912 Nova Scotia</p> <p>913 New Brunswick</p> <p>924 Quebec</p> <p>935 Ontario</p> <p>946 Manitoba</p> <p>947 Saskatchewan</p> <p>948 Alberta</p> <p>959 British Columbia</p> <p>960 Yukon Territory</p> <p>961 Northwest Territories</p> <p>962 Nunavut</p> <p>999 Outside of Canada</p>
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EMPLOYMENT INFORMATION

<p>13 Current employment situation if not employed as Social Worker</p> <p>01 Not Employed</p> <p>02 Looking for another job in another profession</p> <p>03 Working in another profession</p> <p>04 Seeking refresher course</p> <p>05 Furthering education in profession</p> <p>06 Retired</p> <p>15 Employment</p> <p>Employments 1 and 2 allow you to record work being performed for different employers. If you have multiple roles, service locations, and/or client groups etc., you may break down your average hours per week accordingly to reflect the proportion of your time spent in each area. The total hours should represent one average work week.</p> <p>15A Private Practice</p> <p>I give permission to release my name, address and phone number to EAP companies, institutions and/or individuals seeking the services of a private practitioner.</p> <p>15A Regional Health Authority</p> <p>01 Hospital social work</p> <p>02 Extra-Mural</p> <p>03 Community Health Centre</p> <p>04 Mental Health</p> <p>05 Addiction Services</p> <p>99 Other</p>	<p>15D Employment Type</p> <p>Permanent</p> <p>01 Full-time by choice</p> <p>02 Full-time seeking part-time</p> <p>03 Part-time</p> <p>04 Part-time seeking full-time</p> <p>Temporary/Contract</p> <p>05 Temporary full-time</p> <p>06 Temporary part-time</p> <p>Casual</p> <p>07 Casual by choice</p> <p>08 Casual Seeking part-time</p> <p>09 Casual seeking full-time</p> <p>Leave of Absence</p> <p>10 Leave of absence (LOA)</p> <p>11 Parental leave</p> <p>12 Sick leave</p> <p>14 Education leave</p> <p>16 Entrepreneurial leave</p> <p>15E Role</p> <p>Select role which best applies to you.</p> <p>01 Front Line/Direct Practice (service to clients, families, communities)</p> <p>02 Supervision (of front line social workers)</p> <p>03 Administration (director, department head)</p> <p>04 Program coordination Academic (teaching, research)</p> <p>05 Consultation (system coordinator, program consultant, planner etc)</p> <p>99 Other</p>	<p>15F Service Location</p> <p>Indicate where you usually provide your services</p> <p>01 Government social work agency</p> <p>02 Non-profit community agency</p> <p>03 Native community agency</p> <p>04 Private practice / office</p> <p>05 Client's home</p> <p>06 Other residential setting (nursing home, group home, etc)</p> <p>07 Mental health clinic / facility</p> <p>08 Addiction services</p> <p>09 Educational facility (school, college, university)</p> <p>10 Medical centre / office</p> <p>11 Hospital outpatient or ambulatory service</p> <p>12 Hospital inpatient service</p> <p>13 Rehabilitation facility outpatient or ambulatory service</p> <p>14 Rehabilitation facility inpatient service</p> <p>15 Correctional facility</p> <p>16 Family Court</p> <p>99 Other</p> <p>15G Client Base</p> <p>Select code 98 if you are not employed in front line/direct practice</p> <p>01 Children</p> <p>02 Adolescents/Youth</p> <p>03 Adults</p> <p>04 Seniors</p> <p>05 Families</p> <p>06 Service Providers (eg. day cares, foster homes, etc.)</p> <p>07 Mixed Client Base</p> <p>98 Not Applicable</p>	<p>15H Language of Service</p> <p>01 English</p> <p>02 French</p> <p>03 French and English</p> <p>04 Mi'gmac</p> <p>05 Wolastoqiyik</p> <p>06 Passamaquoddy</p> <p>07 Sign Language</p> <p>99 Other</p> <p>15I Area of Practice</p> <p>01 Services for children or adults who are victims of abuse (e.g. screening, investigation, protection, counseling)</p> <p>02 Services for children or adults with illness, disability or special needs</p> <p>03 Mental health services (e.g. assessment, counseling, psychotherapy)</p> <p>04 Services for individuals and/or families in crisis (e.g. prevention, counseling, mediation)</p> <p>05 Services for individuals and families affected by substance abuse (e.g. prevention, assessment, intervention)</p> <p>06 Services related to placement (e.g. recruitment, assessment, approval, monitoring of child care, foster homes, adoption, special care homes)</p> <p>07 Services for individuals and families involved with the justice system</p> <p>08 Other social work services</p> <p>09 Community Development</p> <p>10 Social Work Administration</p> <p>11 Social Policy Development</p> <p>12 Social Program Development</p> <p>13 Social Work Education</p> <p>98 Not applicable</p> <p>99 Other</p>
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