



Verification of registration / licensure / certification in another jurisdiction

Directions for applicant: Complete the **top** portion of this form and forward to the jurisdiction, asking them to return it to the NBASW office. Complete one form for each applicable jurisdiction, if you have been registered in more than one jurisdiction.

To: _____ (Province/State Board)

I am applying for registration in New Brunswick to practice Social Work. I was granted registration / license / certification # _____ on _____ (date) by _____ (organization).

The New Brunswick Association of Social Workers requests that I submit verification that my registration / license / certification in _____ (jurisdiction) is / was in good standing.

You are hereby authorized to release any information in your files, favourable or otherwise, directly to the New Brunswick Association of Social Worker. Your early attention is appreciated.

Signature:

Print Name:

Date:

Directions for Social Work Board: Please complete and return form directly to the New Brunswick Association of Social Workers.

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)

Does your jurisdiction require an exam: Yes No

Level Exam Taken (if any):

Date Exam Passed:

Are there any restrictions on this individual's registration/license/certificate?

Yes No (If yes, please explain on separate sheet)

Are there or have there been any Complaints and/or Disciplinary Actions against this individual?

Yes No (If yes, please explain on separate sheet)

Is there any other information the New Brunswick Association of Social Workers should be aware of with, regard to this individual?

Yes No (If yes, please explain on separate sheet)

Signature:

Title:

Date: