

Application for Provisional Registration Extension

The provisional class of registration is available to applicants that meet all the requirements for full registration apart from successful completion of the examination required by the Board. The provisional registrant will be granted full registration after: (1) the College has received notification that the provisional registrant has successfully completed the examination; and (2) the provisional registrant has paid the applicable registration fee to transfer from the provisional class to the full class of registration.

While in the provisional class, registrants must only represent themselves as a provisional registrant, must practice under supervision, and cannot undertake clinical social work or engage in private practice. Provisional registration is granted for a period of one year. The provisional registrant may request an extension of up to one year only if they have taken the licensure exam twice within the first year of provisional registration.

Provisional registrants who fail to comply with these requirements as set out in section 43 of the College bylaws will cease to be registered.

This form must be submitted to the College at least 30 days prior to the provisional registration expiry date.

Section 1 – Personal contact information

Registrant name: _____ Registration number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Section 2 – Employment information

Employer and worksite: _____

Job title: _____ Supervisor: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Section 3 – Details of request for provisional registration extension

Attach your responses to the following questions on a separate page:

1. For what length of time are you requesting this extension (up to 12 months)?
2. What steps will you take within the length of time requested to attempt to complete the requirements for full registration?

Section 4 – Registrant consent

The information I have provided in my request for an extension of provisional registration is truthful and accurate.

Signature: _____

Date: _____

Email, fax or mail this form to:

Mail: BC College of Social Workers

1420 - 1200 West 73rd Avenue
Vancouver, BC
V6P 6G5

Fax: 604-737-6809

Email: info@bccsw.ca