

4. Return-to-Practice Mentoring/Supervision Requirements

As a registrant returning to practice after having been in the Non-Practising class for more than one year, you are required to have a mentor or supervisor to assist you in making a safe return to practice. Your mentor or supervisor can be a social worker or someone from a related discipline who have adequate experience in the area of practice you are returning to. You may receive mentoring or supervision in person or using technology.

The number of hours of mentoring or supervision you are required to receive depends on the number of years you have been in the Non-Practising class (see the table below).

Years in Non-Practising Class	Mentoring/Supervision Requirement
1-2 years	at least 6 hours of mentoring or supervision within the first 3 months of transferring to the Full or Clinical class
2-3 years	at least 12 hours of mentoring or supervision within the first 4 months of transferring to the Full or Clinical class
3-4 years	at least 18 hours of mentoring or supervision within the first 5 months of transferring to the Full or Clinical class
4-5 years	at least 24 hours of mentoring or supervision within the first 6 months of transferring to the Full or Clinical class

Based on the information above, complete the following Declaration section.

5. Declaration

- I declare that I will receive at least _____ hours of mentoring/supervision within the first _____ months of transferring to the Full or Clinical class of registration and have informed the following mentor/supervisor of this requirement:

Mentor/Supervisor Name: _____

Organization: _____

Position: _____

Direct Phone: _____

Direct Email: _____

- I authorize the British Columbia College of Social Workers (“College”) to contact the mentor/supervisor named above to collect any information relevant to my mentoring/supervision requirement.
- I understand that I am responsible for submitting the ‘Declaration of Return to Practice Supervision/Mentoring Hours Completed’ form (Appendix 1) to the College no later than 30 days after the expiration of my return-to-practice mentoring/supervision requirement period. I understand that failure to do so may result in an investigation into the matter.
- I attest that my return to, and continuing practice of, social work will be in compliance with the *Social Workers Act*, *Social Workers Regulation*, the Bylaws, Standards of Practice, policies, and guidelines of the College.

Name _____ Date _____

Signature _____

6. Transfer Fee Payment

Payment of a transfer fee is required to complete your transfer to the Full or Clinical class. The transfer fee is calculated based on the difference between the Full or Clinical registration fee and the Non-Practising registration fee and is prorated depending on the month of transfer. Please use the fee schedule below to determine the correct transfer fee amount. Payment can be made by VISA, MasterCard, money order, bank draft or cheque payable to the British Columbia College of Social Workers.

Month	Transfer Fee (\$)
February	192
March	176
April	160
May	144
June	128
July	112
August	96
September	80
October	64
November	48
December	32
January	16

Credit Card Payment

VISA MasterCard
 Credit Card #: _____
 Expiry (MM/YY): ____ / ____
 CVV (3-digit number on the back of your credit card): _____
 Transfer fee amount: \$ _____
 Name Printed on Card: _____
 Authorized Signature: _____

OR

Cheque Enclosed # _____

Appendix 1 – Declaration of Return to Practice Mentoring/Supervision Hours Completed

This declaration must be submitted to the College by email, mail or fax once you have completed receiving the required hours of mentoring/supervision and no later than 30 days after the expiration of your return-to-practice mentoring/supervision requirement period. Failure to submit this information to the College may result in an investigation by the Inquiry Committee.

Upon transferring from the Non-Practising class to the Full or Clinical class of registration at the College, I, _____, understand that I had a commitment to undertake _____ hours of mentoring/supervision in the first _____ months of returning to practice in order to ensure a safe, ethical and successful return to practice. By signing below, I attest that I have actively participated in the required number of hours of mentoring/supervision within the specified period of time.

Registrant Name: _____

Registrant Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____