

Verification of Registration and Licensure for Non-Social Work Regulators

Please forward this Verification request to each Regulating body with which you have been registered, licensed or certified. Some Regulators charge a fee to complete this form; be sure to check with the Regulator and remit the appropriate fee with this form.

Consent to Disclose Information

I have applied for registration with the British Columbia College of Social Workers and hereby authorize the _____ to provide the following
Name of Regulating Body
information to the BC College of Social Workers.

Applicant Signature_____
Date**Personal Information**

Last Name: _____ First Name: _____

Other Names Used: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

The following questions are to be completed by the Regulatory Body

1. This is to certify that the above named individual was registered or licensed to practice as a:

From: _____ To: _____
Date Date

- Registration number: _____
- If the registration is currently valid when will it expire? _____
Date

2. Has this person ever been the subject of a complaint that resulted in disciplinary action?

 NO YES Please explain: _____

3. Please provide any other information that your organization can share about the applicant that might affect a decision to register or license the applicant as a social worker.

Regulating Body Information

Regulating Body: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Form Completed By

Last Name: _____ First Name: _____

Title: _____ Email Address: _____

Phone Number: _____

Please return the completed form to info@bccsw.ca.

Regulating Body Seal