

**Verification of Registration and Licensure for Social Work Regulators**

*Please forward this Verification request to each Regulating body with which you have been registered, licensed or certified as a social worker. 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 of Applicant**

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/licensed as a social worker

• Category/Class of Registration: \_\_\_\_\_

• Registration Number: \_\_\_\_\_

• Explain Criteria: \_\_\_\_\_  
\_\_\_\_\_• From: \_\_\_\_\_ To: \_\_\_\_\_  
Start Date End Date• Current Status of Registration:  Active  Expired  Lapsed Other Please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Registration/Licensure was based on:

 Degree: \_\_\_\_\_  
BSW, MSW, PhDSWIf you have an official copy of the transcript on file,  
please attach a copy. Exam: \_\_\_\_\_ Exam Passed: \_\_\_\_\_  
BSW, MSW, PhDSW Date Grandparented

3. Are there any limits or conditions on the individual's registration/licensure?

 No  Yes Please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Is the individual currently or ever been the subject of a complaint?

 No  Yes Please explain: \_\_\_\_\_  
\_\_\_\_\_5. 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.\_\_\_\_\_  
\_\_\_\_\_

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**Regulating Body Information**

Regulating Body: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Form Completed By**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Regulating Body Seal**