

## Non-Practising Declaration

I, \_\_\_\_\_, \_\_\_\_\_,  
Name Registration Number

hereby apply for non-practising status under section 52 of the Bylaws of the BC College of Social Workers.

This is a class of registration for registrants of the BC College of Social Workers who are not currently active in the practise of social work. To see what is considered "social work", please consult the Scope of Practice in the [Standards of Practice document](#) or on the College [website](#).

Initial

While in the Non-Practising class, I will not practise social work in British Columbia in any capacity. This includes paid or volunteer positions. Breach of this may result in an investigation by the Inquiry Committee.

Initial

I will not represent myself as a Registered Social Worker, Registered Clinical Social Worker or use the abbreviations RSW or RCSW. I understand and acknowledge that a registrant in the Non-Practising class may only represent oneself as a "Non-Practising RSW", "RSW - Non-Practising", "Non-Practising Registered Social Worker" or "Non-Practising RCSW", "RCSW - Non-Practising", "Non-Practising Registered Clinical Social Worker", respectively.

Initial

I understand that Non-Practising Registrants are still required to pay the applicable annual registration renewal fee by January 31 each year.

Initial

I acknowledge that I am still obligated to complete the annual continuing professional development (CPD) requirements, pro-rated for the time I spend in an active class of registration, during the CPD cycle year and that failure to do so may result in a status of "Not in good standing- CPD".

Initial

I understand that I must submit the 'Return to Practice Declaration' to the College prior to my return to active social work practice in British Columbia.

Initial

I understand that there are supervision/mentoring or exam requirements upon returning to practice after being in the Non-Practising class for more than 1 year. The details of these requirements can be reviewed on the College [website](#). If you require clarification, please contact the College at 604-737-4916.

Initial

\_\_\_\_\_  
Signature Date

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_