

Return to Practice Declaration

(to be only used by registrants who have been in the Non-Practising class for *less than 1 year*)

To apply to transfer to the Full or Clinical class of registration, complete this form and submit your completed form to the College by email, mail or fax (contact information above).

1. Personal Information

Registrant Name: _____ Registration Number: _____

2. Continuing Professional Development (CPD) Plan

A registrant applying to transfer from the Non-Practising class to the Full or Clinical class of registration is required to submit a CPD Plan by answering the questions below. The Plan must identify professional learning goals and activities to support a safe, ethical and successful return to practice.

a) List your CPD goals (i.e. what would you need to learn or further develop to ensure a successful return to practice?)

b) List your CPD activities (i.e. what activities will you under undertake to meet your CPD goals listed above? These can include education, training, supervision, research, reading, etc.)

3. Place of Practice

Organization Name: _____

Specific Worksite (if applicable): _____

Address: _____

Work Phone: _____

Work Email: _____

Is this your primary place of practice? Yes No

Start Date (yyyy/mm/dd): _____

Do you consent to the disclosure of your business address and phone number on the College's online public register? Yes No

4. Declaration

- 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 _____

5. 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 semi-annually. 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 | 281.60 |
| March | 281.60 |
| April | 281.60 |
| May | 281.60 |
| June | 281.60 |
| July | 281.60 |
| August | 140.80 |
| September | 140.80 |
| October | 140.80 |
| November | 140.80 |
| December | 140.80 |
| January | 140.80 |

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 # _____