



**Identify Practice Specific Areas**

The College is updating its information regarding specific areas of practice. These areas of practice have specific requirements usually established by law or regulation. Please indicate by selecting yes or no whether you are currently qualified to practice in the following areas:

- |   |     |    |
|---|-----|----|
| <input type="radio"/> Family Law Mediator – <i>Family Law Act</i> (RSBC)                    | YES | NO |
| <input type="radio"/> Family Law Arbitrator – <i>Family Law Act</i> (RSBC)                  | YES | NO |
| <input type="radio"/> Parenting Coordinator – <i>Family Law Act</i> (RSBC)                  | YES | NO |
| <input type="radio"/> Adoptions – s. 30 reports – <i>Adoptions Act</i> (RSBC)               | YES | NO |
| <input type="radio"/> Qualified Health Care Provider – <i>Adult Guardianship Act</i> (RSBC) | YES | NO |

**Reinstatement of Registration Declaration**

I, \_\_\_\_\_, a registrant of the British Columbia College of

Social Workers attest that:

- My practice of social work is in compliance with and will continue to comply with the *Social Workers Act*, Social Workers Regulation, the Bylaws, policies, guidelines and standards of the BC College of Social Workers.
- My entitlement to practise social work has not been limited, restricted or subject to conditions in any jurisdiction at any time.
- I have not been charged with or convicted of a criminal offense in the past year.
- If I am charged with or convicted of a criminal offence at any time, I agree to report the charge or conviction to the Registrar of the College in a timely manner, and will provide the College with an explanation of the charge or conviction.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



British Columbia  
College of Social Workers

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### Payment Information

Payment can be made by Visa, MasterCard, bank draft, money order or cheque (**cheques are accepted only until April 15, 2022**) payable to the British Columbia College of Social Workers.

Credit Card Type:      MC      Visa      Cheque Enclosed      # \_\_\_\_\_

CVV: \_\_\_\_\_ (three digit security code on the back of your card)

#:	_____	Expiry Date:	____	____	____	____
			M	M	Y	Y

Amount: \_\_\_\_\_      Renewal Fees:      Full/Clinical - \$379      Non-Practising - \$93

Name Printed on Card: \_\_\_\_\_

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