

Application for Reinstatement of Registration

Renewing online is safe, secure and easy. However, if you would rather use these forms, please carefully note the following:

1. Fees must be received by April 30, 2022
2. Cheques are only accepted until April 15, 2022
3. Reinstatements cannot be processed unless all three pages of this document are complete
4. Reinstatements received after April 30, 2022 will not be accepted and the individual will be required to re-apply to the College to obtain registration again.

Personal Contact Information

Name: _____ Registration # _____
First Last

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Name changed? Yes No If yes, previous name: _____
First Last

If you would like to change your name on the public registry, please submit a written request to the College by mail or email (info@bccsw.ca) with a copy of proof of name change (e.g. marriage certificate, certificate of change of name, etc.)

Employment Information

If you practice in more than one place, whether part-time, full-time, or in private practice, include an additional piece of paper with all the details listed below for each location. You must indicate consent to publish the business address and business telephone number for each position.

Employer: _____

Worksite: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

As part of the public registry, the BC College of Social Workers is required to provide registration information on our website and may provide business address and phone number to the public only if we have your consent. Please indicate below whether you wish to have your business address and phone number provided to the public.

I consent to the disclosure of my business address and phone number on the online public registry. YES NO

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

1420 – 1200 West 73rd Ave, Vancouver, British Columbia, Canada, V6P 6G5
t. 604 737 4916 • f. 604 737 6809

info@bccsw.ca
www.bccollegeofsocialworkers.ca

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)

#:	<input type="text"/>	Expiry Date:	<input type="text"/>
			M M Y Y

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

Name Printed on Card: _____

Authorization Signature: _____