

## Return to Practice Declaration

(to be only used by registrants who have been in the Non-Practising class for **1 or more year but less than 5 years**)

To apply to transfer to the Full or Clinical class of registration, complete page 1-3 of this form and submit your completed form to the College by email, mail or fax (contact information above). Page 4 (Appendix 1) is to be submitted after you have completed receiving the required hours of mentoring/supervision.

### 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. Return-to-Practice Mentoring/Supervision Requirements

As a registrant returning to practice after having been in the Non-Practising class for more than one year, you are required to have a mentor or supervisor to assist you in making a safe return to practice. Your mentor or supervisor can be a social worker or someone from a related discipline who have adequate experience in the area of practice you are returning to. You may receive mentoring or supervision in person or using technology.

The number of hours of mentoring or supervision you are required to receive depends on the number of years you have been in the Non-Practising class (see the table below).

Years in Non-Practising Class	Mentoring/Supervision Requirement
1-2 years	at least <b>6 hours</b> of mentoring or supervision within the first <b>3 months</b> of transferring to the Full or Clinical class
2-3 years	at least <b>12 hours</b> of mentoring or supervision within the first <b>4 months</b> of transferring to the Full or Clinical class
3-4 years	at least <b>18 hours</b> of mentoring or supervision within the first <b>5 months</b> of transferring to the Full or Clinical class
4-5 years	at least <b>24 hours</b> of mentoring or supervision within the first <b>6 months</b> of transferring to the Full or Clinical class

Based on the information above, complete the following Declaration section.

#### 5. Declaration

- I declare that I will receive at least \_\_\_\_\_ hours of mentoring/supervision within the first \_\_\_\_\_ months of transferring to the Full or Clinical class of registration and have informed the following mentor/supervisor of this requirement:

Mentor/Supervisor Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Direct Email: \_\_\_\_\_

- I authorize the British Columbia College of Social Workers (“College”) to contact the mentor/supervisor named above to collect any information relevant to my mentoring/supervision requirement.
- I understand that I am responsible for submitting the ‘Declaration of Return to Practice Supervision/Mentoring Hours Completed’ form (Appendix 1) to the College no later than 30 days after the expiration of my return-to-practice mentoring/supervision requirement period. I understand that failure to do so may result in an investigation into the matter.
- 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 \_\_\_\_\_

## 6. 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 depending on the month of transfer. 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	212.00
March	194.40
April	176.80
May	159.20
June	141.60
July	124.00
August	106.40
September	88.80
October	71.20
November	53.60
December	36.00
January	18.20

### 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 # \_\_\_\_\_

### **Appendix 1 – Declaration of Return to Practice Mentoring/Supervision Hours Completed**

This declaration must be submitted to the College by email, mail or fax once you have completed receiving the required hours of mentoring/supervision and no later than 30 days after the expiration of your return-to-practice mentoring/supervision requirement period. Failure to submit this information to the College may result in an investigation by the Inquiry Committee.

Upon transferring from the Non-Practising class to the Full or Clinical class of registration at the College, I, \_\_\_\_\_, understand that I had a commitment to undertake \_\_\_\_\_ hours of mentoring/supervision in the first \_\_\_\_\_ months of returning to practice in order to ensure a safe, ethical and successful return to practice. By signing below, I attest that I have actively participated in the required number of hours of mentoring/supervision within the specified period of time.

Registrant Name: \_\_\_\_\_

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

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

Supervisor Name: \_\_\_\_\_

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

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