

**Application for Authorization to Perform the Restricted Activities of
Psychosocial Intervention**

The *Health Professions Act (HPA)* is the governing legislation for the profession of social work. It provides that social workers may perform certain restricted activities that are authorized by the regulations. Under the *Social Workers Profession Regulation* social workers are permitted to perform the *restricted activities* of psychosocial intervention if the member has fulfilled the requirements approved by Council. Restricted activities apply specifically to treating persons with a substantial mental health disorder. This application is for the purpose of seeking authorization to perform those activities.

1. Name: _____

2. Contact information RSW #: _____
 Phone: _____
 E-mail: _____

3. Employment information:
 Employed with Alberta Health Services
 Private Practice
 Other – please specify

4. It is my intention to treat persons with a substantial mental health disorder.
 Yes
 No

If No, please specify why you are applying for this authorization.

5. List any training, courses, and work experience you have completed related to the treatment of persons with a substantial mental health disorder (See Page 2).

6. If you have recently completed a period of supervision, please ask your supervisor to provide you with a letter of support as part of this application. *If you are a member of the Clinical Specialty Registry, this may be your clinical supervisor. If you are NOT a member of the Clinical Specialty Registry you must have this form signed by the person who most recently supervised your mental health practice.*

A letter of support is attached with this application.

Note: You will be notified about the status of your application by email and if your application is approved, you will receive an updated practice permit by mail.

5(a). Describe your experiences both clinical and supervisory, in treating persons who experience a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs: (i) judgment; (ii) behaviour; (iii) capacity to recognize reality; or (iv) ability to meet the ordinary demands of life (“*substantial mental health disorder*”). Specifically, which evidence informed treatment modalities have you used, do you expect to use, or have you supervised? Examples of treatment modalities may include: cognitive behavioural therapy; behaviour modification; counseling and supportive psychotherapy; and psychoanalysis. Describe when you have used them or others, including the organization, the position you held, and dates.

5(b). Please list your academic qualifications and any courses/workshops you have completed related to the treatment and/or the supervision of treatment of persons with a substantial mental health disorder:

Degree/Diploma/Course/workshop title	Presenter/institution	Dates

I hereby declare that the information provided in this application is complete and accurate:

Signature of applicant

Date

Letter of Support for an Application for Authorization to Perform Restricted Activities of Psychosocial Intervention

Name of applicant: _____

RSW #: _____

_____ is applying for authorization to perform restricted activities of psychosocial intervention. I have supervised this applicant for a total of _____ practice hours. I am confident in the applicant's knowledge, skill and abilities to *treat substantial mental health disorders* without supervision.

Notes to supervisor or managers:

- You may only sign off on this form if you are authorized to provide Restricted Activities of Psychosocial Interventions in Alberta. If you are a supervisor outside the province of Alberta, you may sign off provided you have substantial experience treating or supervising substantial mental health disorders.
- By signing below you are indicating that you are familiar with the applicant's practice and that you are confident in the applicant's knowledge, skill and abilities to *treat substantial mental health disorders* without supervision.
- If you believe the applicant still requires supervision in order to provide restricted activities of psychosocial intervention safely, please **do not** sign below. Ensure that the applicant receives supervision as per the *Social Workers Profession Regulations* and complete the form when a satisfactory level of knowledge, skill and ability is demonstrated.

I, _____ (name of supervisor), am authorized to perform psychosocial interventions without supervision.

Credentials (including RSW# if applicable)

Position

Signature

Date