ALBERTA COLLEGE OF SOCIAL WORKERS

Suite 100, 13220 St. Albert Trail,
Edmonton, AB T5L 4W1
Contact # 780-421-1167

Verification of Registration/Licensure

INSTRUCTIONS FOR APPLICANT
Complete the top portion of this form and send the entire document to the regulatory body where you have been a licenced, registered, chartered, or certified professional. **Please check with the appropriate Board and include any required fees with this form.** Complete one form for each applicable regulatory body.

1. Applicant to the Alberta College of Social Workers

Full Name			
Date of Birth		**Registration/License #**	
Regulatory Body			

I am applying for registration in Alberta, Canada, to practice Social Work. The Alberta College of Social Workers (ACSW) requests that I submit verification of my registration, license, charter, or certification status. You are hereby authorized to release any information, favourable or otherwise, directly to the ACSW.

Signature _____ Date _____

INSTRUCTIONS FOR REGULATORY BODY
Please complete rest of the form and return form directly to the Alberta College of Social Workers. **Section 3 is for Social Work Regulatory Bodies only**. Typing in form will expand as necessary. Electronic signature is acceptable. **Please submit by email, fax, or mail.**

Completed By		**Title**	
Email		**Phone #**	
Regulatory Body		**Signature & Date**	

2. Registration/License/Charter/Certificate Information

Name of applicant in Your Records/Registration #			
Date of Initial Registration		**Registration Valid Until**	
Category/Class/Type of Registration Licensure			
Current status of registration/licensure ☐ **Active** ☐ **Inactive** ☐ **Expired** ☐**Other (please explain)**			

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Clinical Designation Authorization or Endorsement: ☐ Yes ☐ No
If Yes please provide details:

3. Education & Basis of Registration/Licensure (For Social Work Regulatory Bodies Only)

Social Work Education Level ☐ MSW ☐ BSW ***If you have an official transcript on file please attach a copy***			
Exam Type (if applicable)		**Date Exam Passed (if applicable)**	
Other ☐ **Grand-parented** ☐ **Reciprocity (with which jurisdiction)** ☐ **Other Qualification** ***Please explain below, if applicable***			

4. Registration/License History

Do you consider this individual to be in good standing at this time? ☐ Yes ☐ No ***If no, please explain below***
Are there any limitations or restrictions on this individual's registration/license? ☐ Yes ☐ No ***If yes, please explain below***
Have there ever been any complaints, notices, warnings, reprimands and/or disciplinary actions against this individual? ☐ Yes ☐ No ***If yes, please explain below and specify if it pertains to behaviour of a sexual nature***
Are there any enhancements or endorsements on this individual's registration/license? ☐ Yes ☐ No ***If yes, please explain below***
Is there any other information the ACSW should be aware of with regard to this individual? ☐ Yes ☐ No ***If yes, please explain below***

Please forward this form to the Alberta College of Social Workers by one of the following methods:

E-Mail: registration@acsw.ab.ca