

CONTINUING COMPETENCE PROGRAM - TRACKING SHEET

8 HOURS OF CONTENT-SPECIFIC WORKSHOPS

Name: _____ MCSW Registration #: _____

DATE (DD/MM/YY)	DESCRIPTION OF WORKSHOP (e.g. workshop name, name of the presenter, workshop summary)	TOTAL HOURS	CATEGORY
			<input type="checkbox"/> Standards of Practice/Code of Ethics <input type="checkbox"/> Social Work with Indigenous Peoples
			<input type="checkbox"/> Standards of Practice/Code of Ethics <input type="checkbox"/> Social Work with Indigenous Peoples
			<input type="checkbox"/> Standards of Practice/Code of Ethics <input type="checkbox"/> Social Work with Indigenous Peoples
			<input type="checkbox"/> Standards of Practice/Code of Ethics <input type="checkbox"/> Social Work with Indigenous Peoples
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I understand that all records relating to CCP activities must be maintained for a minimum of five years, to be provided at the request of the College. I certify the information provided in this document is accurate.

initials

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FORMAL ACTIVITIES

A minimum of 40 hours of Formal Activities within the three year reporting period

A portion of the 40 hours of Formal Activities must include *direct learning activities*

Direct learning activities refers to professional development involving the *receipt of knowledge* (as opposed to sharing knowledge/delivering education through field practicums or workshop/classroom delivery)

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DATE (DD/MM/YY)	DESCRIPTION OF FORMAL ACTIVITY (e.g. Activity name, name of the presenter, activity summary)	TOTAL HOURS

Manitoba
College of
Social
Workers

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_____ initials

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INFORMAL ACTIVITIES

Name: _____ MCSW Registration #: _____

DATE (DD/MM/YY)	DESCRIPTION OF ACTIVITY	TOTAL HOURS

Manitoba
College of
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_____ initials