

Application for Authorization of Temporary Electronic Social Work Practice in Manitoba

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Previous Name: _____

Home Address: _____

City: _____ Prov/Territory: _____ Postal Code: _____

Primary Telephone: _____ Secondary Telephone: _____

Primary E-mail: _____

DECLARATION FOR THE PROVISION OF ELECTRONIC SOCIAL WORK SERVICES BY REGISTERED SOCIAL WORKERS IN OTHER CANADIAN JURISDICTION TO CLIENTS IN MANITOBA:

I acknowledge, understand and declare that as a Social Worker providing electronic services to clients in the province of Manitoba that:

I do not currently reside in the province of Manitoba.

I am a Registered/Licensed Social Worker in good standing with a valid Certificate of Practice in the province/territory of _____, Registration # _____ and understand this this declaration is valid only while I am a Registered/Licensed Social Worker in good standing with this Canadian/American regulatory body.

I plan to offer social work services electronically to clients in Manitoba during the following time period _____.

I am not the subject of an investigation or proceeding relating to my ethical/professional conduct or suitability to practice social work in Canada or elsewhere.

I am not the subject of disciplinary action/involuntary termination due to concerns regarding my professional conduct.

I have not been convicted or pled guilty to a criminal offense, or to any other offense under a provincial/territorial statute, other than a minor traffic violation.

I do not have any outstanding charges and I am not the subject of a criminal investigation.

I will inform clients of the jurisdiction in which I hold a registration to practice.

I am aware of available resources in Manitoba to assist clients, including emergency services.

I hold professional liability insurance, including cyber insurance, which covers the provision of electronic social work services in Manitoba.

I agree to notify the Manitoba College of Social Workers immediately in the event of any changes to the information provided in this declaration.

I have read and will adhere to the Social Work Profession Act (MB) and the related Regulation and Bylaw. I further agree to adhere to the Manitoba College of Social Workers Standards of Practice, the Manitoba College of Social Workers Code of Ethics and the Technology Standards in Social Work Practice adopted by MCSW.

I requested verification of my status in the territory/province/state of _____ on _____ (date).

I hereby attest that all the information provided on this form is accurate and correct.

Name: _____
(please print)

Signature: _____ Date: _____

Please return this application to:

Manitoba College of Social Workers
101 – 2033 Portage Avenue
Winnipeg, MB R3J 0K6
Phone: 204-888-9477 Fax: 204-831-6359
Email: admin@mcsw.ca