

VERIFICATION OF REGISTRATION AND LICENSURE FOR SOCIAL WORK REGULATORS

Please forward this verification request to each Regulatory Body you have been registered, licensed or certified with as a social worker. Some Social Work Regulators charge a fee to complete this form; be sure to check with the Regulator and remit the appropriate fee with this form.

CONSENT TO DISCLOSE INFORMATION

I have applied for registration with the Manitoba College of Social Workers and authorize the

Name of Social Work Regulator

to provide the following information to the Manitoba College of Social Workers.

PERSONAL INFORMATION OF APPLICANT

Last Name: _____ First Name: _____

Other Names Used: _____ DOB (m/d/y): _____

Mailing Address: _____

City: _____ Province: _____ Country: _____

Applicant Signature

Date

DIRECTIONS FOR SOCIAL WORK REGULATOR:

Please complete and return this form directly to the Manitoba College of Social Workers, 101-2033 Portage Avenue, Winnipeg, MB R3J 0K6

1. This is to certify that the above named individual was registered/licensed as a social worker

• Type of Registration: _____ Registration #: _____

• From: _____ To: _____

Start Date

End Date

• Current Status of Registration: ☐ Active ☐ Expired ☐ Lapsed

☐ Other, please explain: _____

2. Registration/Licensure was based on:

☐ Degree: _____ (BSW, MSW, DSW, PhD)

If you have an official copy of transcript(s) on file, please attach a copy

☐ Exam: _____ Date Exam Passed (m/d/y): _____

☐ Grandparented

3. Are there any limits or conditions on the individual's registration/licensure?

☐ No ☐ Yes

If yes, please explain: _____

4. Is the individual currently or ever been the subject of a complaint and/or disciplinary action?

☐ No ☐ Yes

If yes, please explain: _____

5. Please provide any other information that your organization can share about the applicant that might affect a decision to register or license the applicant as a social worker.

SOCIAL WORK REGULATOR INFORMATION

Regulatory Body: _____

Mailing Address: _____

City: _____ Province: _____ Country: _____

FORM COMPLETED BY

Last Name: _____ First Name: _____

Title: _____ Email Address: _____

Signature: _____ Date: _____

SOCIAL WORK REGULATOR SEAL