

VERIFICATION OF REGISTRATION AND LICENSURE FOR REGULATORS

Please forward this verification request to each Regulatory Body where you have been registered, licensed or certified. Some 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 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 REGULATOR:

Please complete and return this form directly to the Manitoba College of Social Workers

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

• 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: _____

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.

REGULATOR INFORMATION

Regulatory Body: _____

Mailing Address: _____

City: _____ Province: _____ Country: _____

FORM COMPLETED BY

Last Name: _____ First Name: _____

Title: _____ Email Address: _____

Signature: _____ Date: _____

REGULATOR SEAL