APPLICATION TO RETURN TO THE GENERAL CLASS OF CERTIFICATE OF REGISTRATION



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| FOR OFFICE USE ONLY | | | | | | | |
|---------------------|---|---------------------------|-----------------------|---|---|--|--|
| Da | Date application received at the College: | | | | | | |
| M | Membership category (social work/social service work): | | | | | | |
| PER | SONAL INFO | RMATION | | | | | |
| | | | | | | | |
| <u>C</u> | Certificate of registration #: | | | | | | |
| Fu | Full name (as per certificate of registration): | | | | | | |
| Н | ome address: | | | | | | |
| Te | elephone: | Fa | ax: | Email: | | | |
| В | usiness addres | s: | | | | | |
| Te | elephone: | Fa | ax: | Email: | | | |
| - I v | wish to be issue | ed a general certificate | of registration as | of: ¹ | | | |
| | | | | <u></u> | | | |
| PR0 | FESSIONAL (| CONDUCT AND HEAL | ТН | | | | |
| A. De | eclaration Reg | arding Proceedings and | l Offences | | | | |
| | - | | | nal misconduct, incompetence or incapacity or any other | | | |
| u. | similar finding, including a finding of professional misconduct, incompetence, or incapacity made by a professional | | | | | | |
| | association or other body that has self-regulatory responsibility, whether in Ontario or any other jurisdiction, in | | | | | | |
| | relation to the | e practice of social work | k, social service wor | rk, or any other profession? | | | |
| | □Yes | □No | | | | | |
| b. | Are vou curre | ntly the subiect of a pro | ceeding in relation | to professional misconduct, incompetence or incapacity or | r | | |
| | any similar proceeding (for example, a complaint or discipline proceeding), including a proceeding relating to | | | | | | |
| | professional misconduct, incompetence or incapacity held by a professional asssociation or other body that has | | | | | | |
| | self-regulatory responsibility, whether in Ontario or any other jurisdiction, in relation to the practice of social work, | | | | | | |
| | social service | work, or any other prof | ession? | | | | |
| _ | □Yes | □No | | | | | |
| C. | Have you ever | been guilty of a crimina | al offence in Canada | a or any jurisdiction outside of Canada? | | | |
| | ПУос | ПМо | | | | | |

¹ Your application to return to the general class of certificate of registration must be received by the College at least 60 days before you intend to start practising.

PROFESSIONAL CONDUCT AND HEALTH

| Α. | Declarati | on Regarding Proceedings and Offences | | | | |
|----|---|--|--|--|--|--|
| | d. Have you been found guilty of an offence under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada) or any other offence relevant to your suitability to practise social work or social service work? | | | | | |
| | □Yes | □No | | | | |
| | documen | f your answer is "Yes" to any of the above questions, please attach an explanation and any relevant supporting documentation. If the information provided under this Item A. changes after you have applied for a general certificate of registration, but before you are issued a general certificate of registration, you must immediately inform the Registrar n writing. | | | | |
| В. | Declarati | on Regarding Health and Conduct | | | | |
| | Is there ar | s there anything in your past or present conduct that would provide reasonable grounds for the belief that you: | | | | |
| | | a. have any physical or mental condition or disorder that could affect your ability to practise social work or social service work in a safe manner? | | | | |
| | □Yes | □No | | | | |
| | b. will no the lav | practise social work or social service work with decency, integrity and honesty and in accordance with? | | | | |
| | □Yes | □No | | | | |
| | c. do not | have sufficient knowledge, skill and judgement to practise social work or social service work? | | | | |
| | □Yes | □No | | | | |
| | mental co | ower is "Yes" to question a., please attach an explanation regarding the ways in which your physical or indition or disorder could affect your ability to practise in a safe manner. If your answer is "Yes" to question b. se attach an explanation and any relevant supporting documentation. | | | | |
| ۱w | ish to be i | ssued a general class of certificate of registration again because I am: | | | | |
| | ☐ Return | ing to the practice of the profession | | | | |
| | ☐ Return | ing to Ontario | | | | |
| | □ Other(| please provide reason): | | | | |
| | Have you | neld an inactive certificate of registration for more than five years? 🔲 Yes 🔲 No | | | | |
| | • | wered "Yes", you will be asked to supply information to the College to satisfy the Registrar that you are currently at to practise social work/social service work. | | | | |

DECLARATION

From the date that I was issued an inactive certificate of registration, and until I receive notice from the College that I have been issued a general certificate of registration, I:

- Have not defaulted, nor will I default on any obligation to the College, including payment of the annual fee, any penalty or any other amount owed to the College, and I am not now the subject of any pending disciplinary or fitness to practise proceeding.
- Have not engaged, nor will I engage, in the practice of social work/social service work in Ontario.
- Have not used, nor will use, any of the titles or designations set out in sections 15 and 16 of Ontario Regulation 383/00 (Registration) made under the *Social Work and Social Service Work Act, 1998* unless the title or the designation was or is immediately followed by "inactive" in English or "inactif" in French.
- Have participated, and will continue to participate, on an annual basis, in the College's Continuing Competence Program (CCP), including without limitation, completion of the self-assessment tool and the professional development plan, and engaging in the learning activities I have identified in my professional development plan.
- Have provided, and will provide, at any time required by the College, evidence satisfactory to the College that I have completed the CCP.

AUTHORIZATION

I declare that all the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in or in connection with this application is cause for rescission and/or revocation of my certificate of registration with the Ontario College of Social Workers and Social Service Workers (the College).

I agree to notify the College in writing within 30 days of any change(s) to any information contained on this form.

I understand that my name, class of certificate of registration, business address(es), business telephone number(s) and name of my employer or business, as well as other information listed in the *Social Work and Social Service Work Act*, 1998 and bylaws, is information which is available to the public. I also understand that if I provide my home address as my business address, my home address will be information which is available to the public.

| Signature: | Date of application: |
|-------------|----------------------|
| Print name: | |