

IN GOOD STANDING CERTIFICATE

Applicant to send this form to every Canadian social work regulatory authority¹ in which they are currently registered as a social worker



**Ontario College of
Social Workers and
Social Service Workers**

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Toll Free: 1.877.828.9380
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ocswssw.org

250 Bloor St. E.
Suite 1000
Toronto ON
M4W 1E6

PART A: TO BE COMPLETED BY THE APPLICANT

Consent to release information

I, (applicant's name) _____, date of birth _____

authorize (Canadian social work regulatory authority) _____

where my registration number is _____ (registration number issued by social work regulatory authority)

to provide all of the information and documents requested on this form to the Ontario College of Social Workers and Social Service Workers.

I request that this form be completed and returned to:
Ontario College of Social Workers and Social Service Workers
Registration Department
250 Bloor Street East, Suite 1000
Toronto, ON M4W 1E5

Signature: _____

Date: _____

PART B: TO BE COMPLETED BY CANADIAN SOCIAL WORK REGULATORY AUTHORITY

Name of Registrant: _____

Registration number: _____

Date of initial registration: _____

Registration valid until: _____

1. Does the registrant currently hold a certificate of registration, licence or permit to practise social work issued by you?
 Yes No

2. What is the current registration category or class of certificate of registration, license or permit held by the registrant?
[e.g. General, Inactive, Retired, etc.]: _____

Please provide the definition and description of this registration category or class.

¹"Canadian social work regulatory authority" means a body that is authorized, under an Act of a Canadian province or the Northwest Territories or the Yukon, to issue a certificate of registration, license, or permit which attests to the individual being qualified to practise the profession of social work and authorizes the individual to practise the profession of social work or to use a title or designation relating to the profession or both.

3. Is the registrant current with respect to every obligation owed to you, including payment of an annual fee or any other amount owed to you?

Yes No

If you answered No, please provide further details.

4. Is the registrant in compliance with the continuing competence and quality assurance requirements set by you?

Yes No

If you answered No, please provide further details.

5. Are there any terms, conditions or limitations on the certificate of registration, licence or permit of this registrant?

Yes No

6. Has the registrant ever been the subject of a finding of professional misconduct, incompetence or incapacity or any other similar finding?

Yes No

7. Is the registrant currently the subject of a proceeding in relation to professional misconduct, incompetence or incapacity or any other similar proceeding (for example, a complaint or discipline proceeding)?

Yes No

If the answer to any of questions 5, 6 and 7 is Yes, please provide full particulars, including any allegations, findings, particulars of the grounds for the findings, orders and penalties, if applicable, and a copy of any decisions.

PART C: TO BE COMPLETED BY REGISTRAR/EXECUTIVE DIRECTOR/CEO OF CANADIAN SOCIAL WORK REGULATORY AUTHORITY

I confirm that all the information and documents provided are accurate and complete.

Name of Canadian social work regulatory authority:

Name and title of person completing this form:

Signature of Registrar/Executive Director/CEO:

Date:

(Stamp of Canadian Social Work Regulatory Authority)