

# Application Form for Inactive Certificate of Registration



Ontario College of  
Social Workers and  
Social Service Workers

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## FOR OFFICE USE ONLY

Date application received at the College:

Membership category (social work/social service work):

## PERSONAL INFORMATION

Certificate of registration #:

Full name (as per certificate of registration):

Home address:

Telephone:

Fax:

Email:

Business address:

Telephone:

Fax:

Email:

I wish to be issued an inactive certificate of registration, effective<sup>1</sup>    DAY    |    MONTH    |    YEAR

**My signed and witnessed Undertaking and Acknowledgement to the College is enclosed.**

## PROFESSIONAL CONDUCT AND HEALTH

### A) Declaration regarding Proceedings and Offences

a. Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity or any other 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 practice of social work, social service work, or any other profession?

Yes     No

b. Are you currently the subject of a proceeding in relation to professional misconduct, incompetence or incapacity or any similar proceeding (for example, a complaint or discipline proceeding), including a proceeding relating to professional misconduct, incompetence or incapacity held by a professional association 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 profession?

Yes     No

c. Have you been found guilty of a criminal offence in Canada or any jurisdiction outside of Canada?

Yes     No

<sup>1</sup> Your application for an inactive certificate of registration must be received by the College at least 60 days before you intend to cease practising.

**PROFESSIONAL CONDUCT AND HEALTH****A) Declaration 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

If 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 an inactive certificate of registration, but before you are issued an inactive certificate of registration, you must immediately inform the Registrar in writing.

**B) Declaration regarding Health and Conduct**

Is 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 not practise social work or social service work with decency, integrity and honesty and in accordance with the law?

Yes       No

c. do not have sufficient knowledge, skill and judgment to practise social work or social service work?

Yes       No

If your answer is "Yes" to question a., please attach an explanation regarding the ways in which your physical or mental condition or disorder could affect your ability to practise in a safe manner. If your answer is "Yes" to question b. or c., please attach an explanation and any relevant supporting documentation.

**I wish to be issued an inactive certificate of registration and I intend to cease practising social work/social service work in Ontario because I am:**

- |  |  |
|--|--|
| <input type="checkbox"/> Leaving Ontario                 | <input type="checkbox"/> On leave from practising the profession |
| <input type="checkbox"/> Taking parental/maternity leave | <input type="checkbox"/> Changing profession                     |
| <input type="checkbox"/> Taking medical leave            | <input type="checkbox"/> Other (please provide reason):          |

**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: