

# Application Form for Retired Certificate of Registration



Ontario College of  
Social Workers and  
Social Service Workers

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Toronto ON M4W 1E6

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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 a retired certificate of registration, effective:<sup>1</sup> DAY | MONTH | YEAR

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

## PROFESSIONAL CONDUCT

### 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 a retired certificate of registration must be received by the College at least 60 days before you intend to cease practising.

**PROFESSIONAL CONDUCT****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 a retired certificate of registration, but before you are issued a retired certificate of registration, you must immediately inform the Registrar in writing.

**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 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:

**Annual Fee for the Retired Certificate of Registration**

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Annual fee: \$50.00

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**Total: \$50.00**

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**Please note the following:**

- The annual fee for the retired certificate of registration is not refundable
- Payment must be made in full and may be made by cheque, money order or credit card, including Visa and Mastercard debit
- Post-dated cheques will not be accepted
- There will be a \$25.00 charge for any cheque that is not honoured

Enclose with the application a cheque or money order, in the correct amount, made payable to the Ontario College of Social Workers and Social Service Workers for the TOTAL amount of \$50.00.

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**Amount of cheque enclosed \$**

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**OR** Complete the following credit card information (PLEASE PRINT CLEARLY)

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 VISA    MASTERCARD

Card number:

Expiry date:

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CVV (card verification value):

For Visa/MasterCard, the three-digit CVV number is printed on the signature panel on the back of the card.

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Amount authorized:

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Signature of card holder:

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