Application to Return to the General Class of Certificate of Registration



Ontario College of Social Workers and **Social Service Workers** 250 Bloor St. E. Suite 1000 Toronto ON M4W 1E6

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FOR OFFICE USE ONLY

_	Date application received at t	the College:			
	embership category (social work/social service work):				
PER	SONAL INFORMATION				
(Certificate of registration #:				
I	ull name (as per certificate of registration):				
Ī	Home address:				
	Telephone:	Fax:	Email:		
[Business address:				
-	Telephone:	Fax:	Email:		
A) l	Declaration regarding Pro	ID HEALTH ceedings and Offences			
	a. Have you ever been the su finding of professional mis	ceedings and Offences bject of a finding of professional mis	conduct, incompetence or incapacity or any other similar findi made by a professional association or other body that has sel lation to the practice of social work, social service work, or ar	lf-regulatory	
	a. Have you ever been the su finding of professional mis responsibility, whether in (ceedings and Offences bject of a finding of professional mis	made by a professional association or other body that has sel	lf-regulatory	
-	a. Have you ever been the su finding of professional mis responsibility, whether in 0 profession? Yes No Are you currently the subjet (for example, a complaint of held by a professional asset)	ceedings and Offences bject of a finding of professional mistoconduct, incompetence or incapacity Ontario or any other jurisdiction, in release of a proceeding in relation to profor discipline proceeding), including a	made by a professional association or other body that has sellation to the practice of social work, social service work, or an essional misconduct, incompetence or incapacity or any similar proceeding relating to professional misconduct, incompetence egulatory responsibility, whether in Ontario or any other jurisd	If-regulatory ny other ar proceeding e or incapacity	
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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

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 general certificate of registration, but before you are issued a general 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?			
ill 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			
f 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. Sh to be issued a general class of certificate of registration again because I am:			
☐ Returning to the practice of the profession			
☐ Returning to Ontario			
Other (please provide reason):			
Have you held an inactive certificate of registration for more than five years?			
If you answered "Yes", you will be asked to supply information to the College to satisfy the Registrar that you are currently competent to practise social work/social service work.			
DECLARATION			

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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 I 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 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.

APPLICATION TO RETURN TO THE GENERAL CLASS OF CERTIFICATE OF REGISTRATION

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 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:	