

APPLICATION TO RETURN
TO THE GENERAL CLASS OF
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 a general certificate of registration as of:¹

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 ever been guilty of a criminal offence in Canada or any jurisdiction outside of Canada?

Yes No

¹Your 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?

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 judgement 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 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? Yes No

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

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: _____