



## Saskatchewan Association of Social Workers

2110 Lorne Street, Regina, SK S4P 2M5

Phone: (306) 545-1922

### Verification of Registration/Licensure in Any Professional Jurisdiction

#### Directions for Applicant

This form is to be completed by applicants who have or have previously been a registered member of **any regulated** profession (including but not limited to social work).

- For applicants who have active registration in 1 or more jurisdictions, 1 form is required for each jurisdiction where the applicant is active.
- For applicants who do not have active registration in any jurisdiction but were previously registered in a jurisdiction(s), 1 form is required for each jurisdiction in which the applicant had previous registration.

Please complete the top portion of this form and return it to the Saskatchewan Association of Social Workers (SASW) Office with your application for registration. **SASW will forward a copy of this form to the respective regulatory body.**

Name of Licensing Profession:	
Address:	
City:	Province/Postal Code:
Email:	

I am applying for registration with the **SASW**. SASW is requesting that I submit verification that my registration is/was in good standing from your organization. You are hereby, authorized to release any information in your files, favourable or otherwise, directly to the SASW.

Name in Full:	
Name on Registration/License if different from above:	
Date of Birth:	Registration/License Number:

Signature of Applicant

Date

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#### Directions for Professional Jurisdiction

The above-named individual has applied for registration with the Saskatchewan Association of Social Workers (SASW). SASW is requesting that you complete this verification of registration/licensure form and email it to SASW at the Email address below. A seven-day turn-around in completing this form is appreciated.

## Registration/License Information

Name in your records			
Type of registration/license		Number	
Date first issued			
Is the registration/license current?	Yes No	If no, date expired	

## Education

Please verify requirements met for registration:

BSW    MSW    Other (please specify) \_\_\_\_\_

Do you have original transcripts for this individual on your file:    yes    no

If "yes" please include copy.

## Registration/License History

Do you consider this individual to be in good standing at this time? If no, please explain:

Yes    No

Are there any restrictions on this individual's registration/license? If yes, please explain:

Yes    No

According to your records, have there ever been any Complaints and/or Disciplinary Actions against this individual? If yes, please explain:

Yes    No

## Form Completed By

Name (please print)	Date
Title	Signature

Please Email this form to [registration@sasw.ca](mailto:registration@sasw.ca)