



## 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 for applicants who are, 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 one or more jurisdictions, one 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), one form is required for each jurisdiction in which the applicant had previous registration.

Applicants are required to submit this form directly to the respective regulatory body for completion. Applicants will include the completed document along with other required documents to SASW at [registration@sasw.ca](mailto:registration@sasw.ca) or by Canada Post to 2110 Lorne Street, Regina, SK, S4P 2M5.

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 provide any information in your files, favourable or otherwise.

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

Individuals applying for registration with the Saskatchewan Association of Social Workers (SASW) are responsible to have a Verification of Registration form completed if they have current or past registration in another jurisdiction. The applicant is responsible for any associated fees to complete the form. The completed form is to be sent to SASW by the applicant.

## Registration/License Information

Name in your records			
Type of registration/license		Number	
Date first issued			
Is the registration/license current?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

## 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