

# PRINCE EDWARD ISLAND SOCIAL WORK REGISTRATION BOARD

81 Prince Street, Charlottetown, PE CIA 4R3 Tel: 368-7337 Fax: 368-7180 E-mail: vrc@eastlink.ca

## INITIAL APPLICATION FOR REGISTRATION

### - Part A Identification -

Office Use Only
Received _____
Payment _____
Receipt _____
Approved _____

1. \_\_\_\_\_  
Surname First Middle (Birth Name)

Home Address \_\_\_\_\_  
Postal Code \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Contact Address \_\_\_\_\_ Telephone (other) \_\_\_\_\_  
(If different from \_\_\_\_\_ E-mail \_\_\_\_\_  
above i.e. student) \_\_\_\_\_ D.O.B. Y\_\_\_\_M\_\_\_\_D\_\_\_\_

2. If currently engaged in social work practice, indicate:  
Current position/title \_\_\_\_\_  
Department/Agency/Institution/Other \_\_\_\_\_  
Date employed \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hours per week \_\_\_\_\_  
Telephone (work) \_\_\_\_\_ Email \_\_\_\_\_  
Person to whom applicant reports \_\_\_\_\_  
Position/Title \_\_\_\_\_

3. Private Practice \_\_\_\_\_ Yes \_\_\_\_\_ No  
Company Name: \_\_\_\_\_ Contact Person \_\_\_\_\_  
Telephone (work) \_\_\_\_\_ Email (work) \_\_\_\_\_  
Are you prepared to have your contact information available to the Public? \_\_\_\_ Yes \_\_\_\_ No

4. Brief description of social work practice (fields, primary clientele, methods, skills most used, other primary Characteristics of work performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please send correspondence to Home \_\_\_\_\_ Office \_\_\_\_\_

## - Part B Education -

1. First degree, if other than a social work degree \_\_\_\_\_  
Majors \_\_\_\_\_ Year Graduated \_\_\_\_\_  
University \_\_\_\_\_ Location \_\_\_\_\_

2. Other non social work degrees

Degree	Year graduated	University
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. First social work degree (**attach copy**) \_\_\_\_\_  
School of Social Work \_\_\_\_\_  
Number of years attended \_\_\_\_\_ Year graduated \_\_\_\_\_

Short general description of the program's curricular structure (e.g. duration, mix of course work, thesis or major project, areas of concentration, full-time, extension, etc.)

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Short general description of program's practicum (e.g. duration, dates, organization(s), professional supervisors' names, nature of work)

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4. Additional post-baccalaureate social work education e.g. advanced social work degrees, further university level courses, diploma courses, practicums, research, publications, other structured learning opportunities. Where relevant, please name degree, diplomas, etc, university or educational context, dates involved, academic and practice contents, thesis, etc.

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Social work specializations arising from the above:

\_\_\_\_\_  
\_\_\_\_\_

6. Copy of CASW evaluation of equivalency to Canadian Education Standards for first social work degree provided where relevant. Yes \_\_\_\_\_ No \_\_\_\_\_



## - Part D Good Standing -

1. I am a member of good standing with the Prince Edward Island Association of Social Workers.  Yes  No
2. Registered elsewhere (now or previously)?  Yes  No  
If yes, Regulatory/Professional body \_\_\_\_\_  
Address \_\_\_\_\_
3. Have you ever been subject to disciplinary action?  Yes  No
4. Have you ever been convicted of a criminal offense?  Yes  No  
If yes to 3 or 4, attach explanation(s).  Yes  No
5. The SWRB is authorized to verify my standing with the previous Board I was registered with.  Yes  No

## - Part E Code of Ethics -

I have read, understand and agree to adhere to the Canadian Association of Social Workers Code of Ethics  Yes  No

**CAUTION:** Failure to provide full and reliable information may be cause for the board's withholding of a certificate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Please note:** Before registration with the PEI Social Work Registration Board can be completed, a copy of your transcripts must be sent directly to the Registrar from your graduating University. Please have them sent to:  
81 Prince Street, Charlottetown, PE C1A 4R3

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### Enclosure Checklist

- \_\_\_\_\_ proof of degree/equivalent
- \_\_\_\_\_ CASW equivalency evaluation
- \_\_\_\_\_ proof of refresher program
- \_\_\_\_\_ explanation of disciplinary action, criminal offense
- \_\_\_\_\_ fees: processing and certificate ~ \$180.00
- \_\_\_\_\_ criminal record check

### Registrar's Checklist

- \_\_\_\_\_ education
- \_\_\_\_\_ practical training
- \_\_\_\_\_ competency examination
- \_\_\_\_\_ professional currency
- \_\_\_\_\_ good standing
- \_\_\_\_\_ fees: application/certificate
- \_\_\_\_\_ receipt of transcripts - must be received from  
the School of Social Work
- \_\_\_\_\_ copy of degree