



Prince Edward Island Social Work Registration Board

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81 Prince Street, Charlottetown, PE CIA 4R3 Tel: 368-7337 Fax: 368-7180 E-mail: admin@vrcpei.org

TEMPORARY APPLICATION FOR REGISTRATION

Part A Identification

1. _____
 Surname First Middle (Birth Name)

Home Address: _____
 Postal Code: _____ Telephone (home): _____
 Contact Address: _____ Telephone (mobile): _____
 (If different from _____ E-mail: _____
 above): _____ D.O.B. Y ___ M ___ D ___

2. Current 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 Insurance Provided: _____
 Company Name: _____ Contact Person: _____
 Telephone (work): _____ Email (work): _____

4. Brief description of social work practice:

- 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. Social work degree (s): _____

School of Social Work: _____

Number of years attended: _____ Year graduated: _____

Short general description of the program:

Short general description of program's practicum (e.g. duration, dates, organization.)

I have read and understand the PEI Social Worker's Code of Ethics. I agree to conduct my social work practice in a manner that adheres to these standards of professional conduct. I affirm that I currently hold a valid social work license in the province of _____, **and I have a clear discipline record and no open or pending disciplinary investigations in respect of my professional practice.** CAUTION: Failure to provide full and accurate information may be cause for the Board's withholding certification.

Signature

Date