Return to Practice Declaration

This form has three parts. All must be completed in order to qualify to return to a practicing class.

1. Continuing Professional Development Program

Registrants transferring to the Full or Clinical class are required to submit a Continuing Professional Development (CPD) Learning Plan. The Learning Plan identifies the returning registrant’s professional learning goals and activities to ensure a safe, ethical and successful return to practice.

Self-assess your strengths and areas for further development and review your practice in conjunction with the Standards of Practice. Consider the following question: what will help me improve outcomes for my clients?

Attach your typed or written responses to the following:

1: List your CPD goals: what you would need or like to learn, or further develop, to ensure your successful return to practice.

2: Provide details on the activities you will undertake to meet your goals. These can include education, training, supervision, research, reading, self-awareness and critical reflection, etc.

3: Explain how you believe the goals and activities identified in response to questions 1 and 2 will enhance the quality of your practice or service delivery.

If you have been in the Non-Practising class for more than one year, you are required to have a mentor or supervisor to assist you in making a safe return to practice. The number of hours you are required to meet with your mentor or supervisor varies depending on the length of time spent in the Non-Practising class. Meetings may be in person or using technology. You must provide the name, position and contact information (phone number and email) of a mentor or supervisor prior to your return to practice. By submitting this Return to Practice Declaration you authorize the College to contact the named supervisor and for the supervisor to provide information to the College.

Mentor/Supervisor Information:

Name: ___________________________________ Position: ______________________________

Direct Phone: __________________________ Direct Email: __________________________

Name of Mentor/supervisor’s organization ______________________________

2. Declaration

I, ________________________________, a registrant of the British Columbia College of Social Workers attest that:

My return to and continuing practice of social work will be in compliance with the Social Workers Act, Social Workers Regulation, the Bylaws, Standards, policies, and guidelines of the BC College of Social Workers.

_________________________________ ______________________________
Signature Date
3. Transfer Fee Payment Form

Payment of a transfer fee is required to complete your transfer to the Full/Clinical class. The fee is calculated based on the difference between the registration fees for the Full/Clinical class and the Non-Practising class. Payment can be made by Visa, MasterCard, Money Order or Cheque payable to the British Columbia College of Social Workers.

Credit Card Payment:  ☐ MC  ☐ Visa  Cheque Enclosed  ☐  # __________

Credit Card #       Expiry:  M  M  Y  Y

CVV: _______ (three digit number on the back of your credit card)

Amount: $___________  Transfer fees are prorated depending on the month of transfer. Please contact the College for correct amount due.

Name Printed on Card: ______________________________________

Authorized Signature: ______________________________________