

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 _____ Direct _____

Phone: _____ 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

