

**Application for Registration as a Private  
 Practitioner**

\_\_\_\_\_  
 Surname Given Names

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\_\_\_\_\_  
 Mailing Address

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\_\_\_\_\_  
 City/Town Province Postal Code

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\_\_\_\_\_  
 E-mail Address

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\_\_\_\_\_  
 Home Phone Number

**1. EDUCATION (Please check all that apply and supply the information to the right)**

| X | Education:                    | Year | Area of Study | Name of Institution | City, Province |
|---|-------------------------------|------|---------------|---------------------|----------------|
|   | Bachelor of Social Work       |      |               |                     |                |
|   | Master of Social Work         |      |               |                     |                |
|   | Doctorate of Social Work/Ph.D |      |               |                     |                |
|   | Other:<br>(please specify)    |      |               |                     |                |

Please note: The registration criteria for private practitioners is an MSW from an accredited Canadian School of Social Work.

If you have not provided the NLASW with proof of your MSW or PhD/DSW, please arrange to have your transcripts forwarded directly to the NLASW office from the academic institution where the degree was conferred.

Please submit any relevant diplomas, certificates, and/or a brief description of Continuing Education activities undertaken in your proposed area of private practice.

**2. EMPLOYMENT**

Please submit an updated copy of your resume outlining your work/volunteer experience.

**3. INFORMATION ABOUT YOUR PRACTICE**

A. Name of your practice \_\_\_\_\_

B. Contact information for your practice

\_\_\_\_\_  
 Mailing Address

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\_\_\_\_\_  
 City/Town Province Postal Code

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\_\_\_\_\_  
 Phone Fax

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\_\_\_\_\_  
 E-mail Address Website

C.  Full-time or  Part-time

D. Principle services being offered (please specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Services offered to (i.e. individuals, couples, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Working Languages  English  French  Other (please specify) \_\_\_\_\_

G. Please attach all advertising and marketing information regarding your practice.

#### 4. CONSULTATION

A. Do you have access to registered professionals for consultation?  Yes  No

#### 5. LIABILITY PROTECTION

Please attach proof of current liability insurance with your application.

#### 6. PAYMENT

The Private Practice fee is \$50 per registration year. The registration year runs from March 1 – February 28 of any given year.

Payment Method  Cash  Cheque  Money Order  Visa/MC

#### 7. PERSONAL STATEMENT

- A. I declare that the information provided on this form is accurate and correct.
- B. I consent to have relevant information including my name, education and the information contained under Section 3 of this form posted on the Private Practice Section of the NLASW website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### OFFICE USE ONLY

Date: \_\_\_\_\_

Amount: \_\_\_\_\_