

Saskatchewan Association of Social Workers

2110 Lorne Street, Regina, SK S4P 2M5

2012 Registration Renewal Form

Date Due: December 1, 2011

Identifying Data

GENDER: _____ REGISTRATION NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME PHONE: _____

Work/Home FAX: _____ EMAIL (work or home): _____

SASW has branches located throughout Saskatchewan. Please indicate which branch would be located nearest you.

- Battlefords Moose Jaw Swift Current Prince Albert Southeast
 Regina Northeast Yellowhead East (Yorkton) Saskatoon

Current Employer

JOB TITLE (as per your job description): _____

EMPLOYER: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ WORK PHONE: _____

Education

HIGHEST SOCIAL WORK DEGREE: _____

YEAR GRADUATED: _____ UNIVERSITY: _____

OTHER DEGREES: _____

On preauthorized payment plan for 2010 membership fees: _____

SASW Office Use

Date Received: _____

Date Approved: _____

Fee Paid: _____

Registrar's Approval/Initials: _____

Membership Type: FT PT NP Student Associate

Receipt Number: _____

FT-PAP PT-PAP

Employer Paid: Yes No

Continuing Education Inventory Form Submitted: Yes No

No. of CPE hours reported for this year _____

No. of CPE hours carried in from previous year _____

No. of CPE hours carried over to next year _____

_____ = _____

Notes/Comments:

Registration Category (Please indicate which category you are applying under. Payment must be submitted with forms.) **Page 2**

Full Time: \$350.00/year

Open to social workers who hold a certificate, bachelor, master, or doctoral degree in social work/Indian social work from a program accredited by the Canadian Association of Schools of Social Work (CASSW), who meet the requirements as described in Section 21 of *The Social Workers Act* and who receive income from employment in the practice of social work (including contract work) for **21 hours per week or more**.

Part Time: \$216.00/year

Open to all persons as described above, but who receive income from employment in the practice of social work (including contract work) for a portion, but no more than **20 hours per week or less**.

Non Practicing: \$92.00/year

- Retired Date commenced: _____
- Sick Leave Date leave commenced: _____
- Maternity Leave Date leave commenced: _____ Date leave will end: _____
- Education Leave Date leave commenced: _____
- Employed but not in the social work field (as defined by the Registrar)

(A formal job description and/or job posting of the position that you are employed in must be submitted with the renewal form for review by the Registrar)

- Other (specify) _____

Student: \$58.00/year

To qualify as a student member, you must be attending at least **one class** for credit towards a certificate/degree in a Faculty of Social Work or Indian Social Work and **NOT** eligible for membership in any other category. **CONFIRMATION OR VERIFICATION FROM THE UNIVERSITY FROM WHICH YOU ARE TAKING THE SOCIAL WORK CLASS(ES) MUST BE SUBMITTED WITH YOUR RENEWAL FORM. THIS VERIFICATION MUST BE FOR 2012. Note: Student members cannot use the title "social worker" or the designation "registered social worker".**

Affiliate: \$74.00/year

Open to all persons interested in the goals of the Association and in receiving publications and who are NOT eligible for membership in any other category.

Note: Affiliate members cannot use the title social worker or designation registered social worker and cannot present themselves as benefiting from registration in the Association.

Employment Data Please indicate your **CURRENT** employment status

Health Region

- mental health
- health promotion
- child & youth
- SWADD/Client Patient Access Services
- other _____
- medical
- administration
- addictions

Ministry of Social Services

- income maintenance
- adoptions
- family violence
- community living
- community development
- other _____
- child protection
- resources
- social policy
- administration

Ministry of Justice

- custody & access
- victim services
- other _____
- mediation services
- corrections

Community Based Organizations

- clinical services
- education
- supervision
- advocacy
- other _____
- case management
- mediation
- administration
- community development

Government of Canada

- Corrections/parole
- Indian & Northern Affairs
- other _____
- Health Canada

Other Areas of Employment

- Ministry of Learning
- School Social Worker
- Social Work Research
- Ministry of Corrections, Policing & Public Safety
- SASW Private Practice Registry
- Private Practice (but not on SASW Registry)
- Other _____
- First Nations Agency
- Social Work Educator

<p>Professional Regulation (All 3 questions must be answered)</p> <p>1. Are you currently the subject of a complaint, an investigation or practice restrictions instituted against you as a member of any profession in any jurisdiction? If yes, please provide detailed information on a sheet attached.</p> <p>2. In the past 12 months, have you ever been suspended, disqualified, censured or had disciplinary action instituted against yourself as a member of any profession in any jurisdiction? If yes, please provide detailed information on a sheet attached.</p> <p>3. Are you currently a member of another professional regulatory organization/body in any jurisdiction? If yes, please list: _____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Criminal Activity</p> <p>Have you been convicted of a criminal offense in the past 12 months? If yes, please attach documentation specifying the date the decision was rendered; court case number, the reason(s) for which you were found guilty and the sentence you received from the court.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Committee/Branch Work</p> <p>Would you be willing to support SASW by serving on a committee or doing branch work? If yes, please indicate your preference(s) from the following list:</p> <p> <input type="checkbox"/> Special Events <input type="checkbox"/> Serving On Council <input type="checkbox"/> Newsletter Committee <input type="checkbox"/> Public Relations Committee <input type="checkbox"/> Education Committee <input type="checkbox"/> Social Justice Committee <input type="checkbox"/> Standards of Practice <input type="checkbox"/> Professional Conduct <input type="checkbox"/> Discipline Resource Pool <input type="checkbox"/> Practice Ethics Committee <input type="checkbox"/> Aboriginal Social Workers <input type="checkbox"/> Student Award Committee <input type="checkbox"/> Mentorship Committee <input type="checkbox"/> Volunteer Development <input type="checkbox"/> Health Services Committee </p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Age Data</p> <p> <input type="checkbox"/> under 19 years <input type="checkbox"/> 20 - 24 years <input type="checkbox"/> 25 - 29 years <input type="checkbox"/> 30 - 34 years <input type="checkbox"/> 35 - 39 years <input type="checkbox"/> 40 - 44 years <input type="checkbox"/> 45 - 49 years <input type="checkbox"/> 50 - 54 years <input type="checkbox"/> 55 - 59 years <input type="checkbox"/> 60 - 64 years <input type="checkbox"/> 65 - 69 years <input type="checkbox"/> 70 - 74 years <input type="checkbox"/> 75+ years <input type="checkbox"/> do not want to respond to this question </p>	

Declaration

I, the undersigned, hereby declare and certify that the information provided on this form is accurate and complete.

Signature: _____

Date: _____

To avoid delay in the processing of your registration, please ensure the following:

- All sections on the forms have been completed, signed with original signatures and dated.
- Continuing Education Inventory Form has been completed, signed & attached to registration renewal form.
- Payment is submitted with registration.

Late Charges

**A \$15 LATE CHARGE WILL BE ASSESSED ON ALL APPLICATIONS RECEIVED POSTMARKED BETWEEN
DECEMBER 2, 2011 TO DECEMBER 31, 2011.**

**A \$50 REINSTATEMENT CHARGE WILL BE ASSESSED ON ALL APPLICATIONS RECEIVED POSTMARKED ON OR
AFTER JANUARY 1, 2012.**

Continuing Professional Education

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Identifying Data

Registration Number: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Reporting of Hours

1. Number of hours carried in from previous 2009 Continuing Education Form: _____
Number of actual hours reported on 2010 Continuing Education Inventory Form: _____
Number of hours carried over/approved to 2011 reporting year: _____

If a member has more than 40 hours in one year, a maximum of 20 hours may be carried over to the next reporting year ONLY. These hours cannot be used to create a cumulative total from year to year.
Carry-over hours zero out at the end of the reporting year in which they are applied.

2. As per the SASW Continuing Education Policy, have you met the minimum requirement of **40 hours** of **mandatory** continuing professional education for this renewing year? Yes No
If no, please state reason: _____
3. If you are reporting more than **40 hours** of continuing professional education for this registration year, do you wish to carry over hours to the next registration year? Yes No
If yes, how many hours are you requesting to carry over? _____ **hours**
(a maximum of 20 hours can be carried over to the next reporting year)

Confirmation of Reporting Hours

- I, the undersigned, **hereby confirm** and certify that I have met the minimum requirements for the reporting of Continuing Professional Education as set out by the bylaws/policy of the *Saskatchewan Association of Social Workers*.
- I, the undersigned, hereby confirm and certify that I am **exempt from reporting** continuing education hours as set out by the bylaws/policy of the *Saskatchewan Association of Social Workers*.

ALL MEMBERS MUST COMPLETE AND SIGN THIS FORM, EVEN IF YOU ARE EXEMPT FROM REPORTING CONTINUING EDUCATION.

Signature of Member: _____ **Date:** _____

All supporting documentation (brochures, certificates, receipts, etc.) for continuing education activities that have been reported/claimed, including a copy of the Inventory Form filed with SASW, should be retained on a file by the member as the SASW Registrar may require/request more information. *Due to limited space at the SASW Office, please send only the SASW Continuing Education Inventory Form.*