



Ordre des travailleurs sociaux
et des thérapeutes conjugaux
et familiaux du Québec
L'Humain avant tout

Tel.: 514 731-3925
Toll-free: 1 888 731-9420 Email:
admission@otstcfq.org
Website: www.otstcfq.org

CERTIFICATE OF GOOD STANDING

You must send this form to every Canadian social work regulatory body¹ or to each authority that has authorized you to practise social work outside of Canada (you must be licensed or authorized to practise), with which you are registered as a social worker.

PART A. To be completed by member

CONSENT TO RELEASE INFORMATION

I,

date of birth:

authorize

whereby my member number is

to provide all information and documents required in this form to the *Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec* (OTSTCFQ).

I request that this form be sent to me by email:

Signature and date:

PART B. To be completed by the Canadian social work regulatory body or authority outside Canada

Member name:

Member number:

Admitted on the basis of:

Bachelor of social work/accredited degree: ☐

Master of social work/accredited degree: ☐

Other: ☐ Specify:

Does your regulatory body require an admissions exam: Yes ☐ No ☐

¹ "Canadian social work regulatory body" means a body that is authorized under an Act of a Canadian province or the Northwest Territories or the Yukon Territory to issue a certificate of registration, an authorization or licence to practise, that certifies that the person is qualified to practise the social work profession and that authorizes the person to practise the profession or to use a title or designation relating to the profession or both.

Does the member currently have a certificate of registration, authorization or licence to practise social work:

Certificate of registration ☐

Authorization to practise ☐

Licence to practise ☐

Date issued:

Member's initial registration date within your regulatory body:

Current registration valid until:

History of registration(s) and deregistration(s)* (as applicable):

Registrations	De-registrations*

*De-registration also means withdrawal(s) for non-renewal

1. What is the member's status, current registration class or class of certificate of registration/authorization to practise? (E.g., general, inactive, retired, etc.)

Provide a definition and description of this registration status or class:

2. Has the member paid all required payments (annual dues or any other required payments)?

Yes ☐

No ☐

If not, please specify:

3. Has the member been subject to refresher training under the terms of a regulation respecting refresher training periods?

Yes ☐

No ☐

N/A ☐

If so, please specify

4. Does the certificate of registration, authorization or licence to practise accompanying such registration contain any conditions and/or limitations?

Yes ☐

No ☐

5. Has the member been convicted of a disciplinary decision?

Yes ☐

No ☐

6. Is the member currently subject to a disciplinary process?

Yes ☐

No ☐

If you answered “Yes” to any of the questions 4, 5, and 6, please provide detailed information, including any allegations, findings, detailed reasoning for the findings, orders and penalties, as applicable, and a copy of all decisions.

If there is not enough space, please fill out a separate sheet of paper and email it to admission@otstcfa.org along with the person's identity.

PART C. To be completed by the Registrar, Secretariat and General Manager, or any other authorized person, of the Canadian social work regulatory body or authority outside Canada

I confirm that all information and documents provided herein are complete and accurate.

Name of the Canadian social work regulatory body or authority outside Canada:

Title of person completing this form:

Signature of person completing this form:

Seal of regulatory body or authority