Ordre des travailleurs sociaux
et des thérapeutes conjugaux
et familiaux du Québec

L'Humain avant tout

APPLICATION FORM FOR A SOCIAL WORKER PERMIT BY RECOGNITION OF AN EQUIVALENCE

General information

- Surname at birth: _____
- Given name: _____
- Date of birth: _____ / _____ / _____
  Day / Month / Year
  Sex: _____
- Country of origin: _____
- Immigration status: _____
- Spoken languages: ❑ French ❑ English ❑ Other, specify: _____
- Written languages: ❑ French ❑ English ❑ Other, specify: _____
- Address: _____
- City: _____
- Province: _____
- Country: _____
- Postal code: _____
- Phone number: Home: _____
  Cell: _____
- Email address: _____

University education

a. Degrees

University degree(s) obtained in social work

Degree title	Year of graduation	Number of years of study	University	Country

University degree(s) obtained in a field related to social work

Degree title	Year of graduation	Number of years of study	University	Country

Other university degree(s)

Degree title	Year of graduation	Number of years of study	University	Country

b. Practical training

Field placements or internships as part of your studies in social work

Name of field placement or internship 1	Date of completion	Number of hours

Place of field placement or internship 1	Name and title of supervisor

Main activities

Name of field placement or internship 2	Date of completion	Number of hours

Place of field placement or internship 2	Name and title of supervisor

Main activities

Continuing education relevant to social work

Title of training	Date of completion	Name of instructor and training organization

If you are a foreign-trained candidate in social work and graduated more than 5 years ago, you are subject to the *Regulation respecting refresher training periods for members of the OTSTCFQ.*

We invite you to read the *Application of the Regulation respecting refresher training* to obtain further information on this subject.

Professional experience

a. Professional or practice status

Are you or have you been a member of a professional or regulatory body of the profession in your home country?	If yes: Name of the organization: _____ Period: _____ License or registration number: _____
Are you on the Order's Register of people benefiting from acquired rights?	If yes: For which acquired rights: _____ Period: _____

b. Professional experience related to social work acquired after initial degree or diploma

Job title and employer – 1st employment	Period (from /month/year/ to /month/year/)	Number of hours of work per week

Main activities	City/Country

Job title and employer – 2nd employment	Period (from /month/year/ to /month/year/)	Number of hours of work per week

Main activities	City/Country

Job title and employer – 3rd employment	Period (from /month/year/ to /month/year/)	Number of hours of work per week

Main activities	City/Country

Mandatory declarations[1]

a. Disciplinary decisions

If you have been the subject of a disciplinary decision where you have been found guilty, you must report it to the Order, in accordance with sections 45, 45.1 and 45.2 of the Professional Code.	❑ YES, I WAS THE SUBJECT OF A DISCIPLINARY DECISION BY A QUÉBEC PROFESSIONAL ORDER OR AN EQUIVALENT PROFESSIONAL ORGANIZATION IN ANOTHER CANADIAN PROVINCE OR ABROAD IMPOSING A PENALTY.

b. Court decisions

If you have been the subject of a judgment by a Canadian or foreign court finding you guilty of a criminal offence, you must report it to the Order, in accordance with sections 45, 45.1 and 45.2 of the Professional Code (do not complete if you have obtained a pardon).	❑ YES, I HAVE BEEN THE SUBJECT OF A JUDGMENT BY A CANADIAN OR FOREIGN COURT FINDING ME GUILTY OF A CRIMINAL OFFENCE.

c. Criminal proceedings

If you have been the subject of any proceeding for an offence punishable by imprisonment of 5 years or more, you must inform the Order, in accordance with the section 59.3 of the Professional Code. Members of the Order must provide the information within 10 days of the day on which they are themselves informed.	❑ YES, I HAVE BEEN THE SUBJECT OF ANY CRIMINAL PROCEEDING FOR AN OFFENCE PUNISHABLE BY IMPRISONMENT OF 5 YEARS OR MORE.

[1] If you have been the subject of a disciplinary decision, a court decision or a legal proceeding, the Order will send you a document to obtain additional information.

d. Attestation of truthfulness

By returning this form, you certify that all the information indicated on it is true and complete and certify that the documents you send to the *Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec* are valid and authentic.

You understand that any false declaration results in the immediate rejection of your application and that an application accepted under false declarations becomes void.

Last name and first name:

Date:

Place:

Additional information you would like to provide

What are your motivations for applying for admission to the OTSTCFQ?

Documents to be transmitted

You must attach the following documents to your file:

- ❑ The official document (original document) of the *Évaluation comparative des études effectuées hors du Québec* (Comparative evaluation of studies made outside Québec), which is issued by the *ministère de l'Immigration, de la Francisation et de l'Inclusion (*Immigration, Francization and Inclusion) to people who have obtained a diploma elsewhere than in Canada or the United States.
- ❑ The *Office québécois de la langue française* (Québec Office of the French Language) form, if applicable.
- ❑ The translation of documents, if any.
- ❑ A copy, certified by the educational institution, of any relevant university degree for the analysis of your application for admission.
- ❑ A certified copy of your registration or license, if applicable.
- ❑ Official transcripts (original copies) of each university degree program in social work or in a social work related discipline indicating courses leading to graduation. These transcripts must be accompanied by an official document (original document) of the educational institution which gives the total number of hours for each course taken in the program, or the value of a credit in hours.
- ❑ A detailed description of the content of each university course in social work or in a social work related discipline found in the course directory for the year of your training (these documents can be emailed or deposited on a USB key that you can attach to your file).
- ❑ The course outline, for the year of your training, of each course followed outlining the general objectives, the specific objectives and the pedagogical activities of the course. In the event that you do not include these documents among the documents sent to the Order, you must provide an official document (original document) produced by the educational institution attesting that these documents are not available (these documents can be emailed or deposited on a USB key that you can attach to your file).
- ❑ An official document (original document) from the educational institution that issued the university degree attesting to the success of the practical training courses and the total number of hours of this training. This document must indicate whether the field placements or internships were supervised by a person with a social work training, or by a person practicing social work. If you do not include such a document among the documents sent to the Order, you must provide an official document (original document) of the educational institution indicating that it cannot issue it.
- ❑ In the event that you hold a post-graduate degree, add a copy of the undergraduate degree or diploma that gave you access to this program and all documents described above relating to the training covered by the program.
- ❑ An official document (original document), issued by the employer, of relevant work experience including the title of the position held, the date of the beginning and end of occupying the position, a detailed description of the duties and responsibilities assumed and the total

number of hours worked, including the number of hours worked in the last five years, for each of your jobs (the certificate must also mention whether it is a full-time or a part-time job or a contract work).

- ❑ An affidavit attesting to an independent/private practice.
- ❑ An official attestation (original document), issued by an organization, of any experience related to volunteer activities that you wish to submit to the Order in support of your application, including the date of the beginning and end of the activities, a detailed description of the duties and responsibilities assumed as well as the total number of volunteer hours worked, including the number of hours volunteered over the last five years for each activity (certification must also indicate whether or not the volunteer activities were supervised and, if applicable, the name of the supervisor and is/her job title).
- ❑ A certificate of each of the professional training courses you have followed.
- ❑ An up to date curriculum vitae.
- ❑ A copy of the disciplinary or court decision, if any.
- ❑ Relevant supporting documents about the translation of documents.
- ❑ Relevant supporting documents about the knowledge of the French Language.
- ❑ A copy of a document showing proof of identity.

Fees charged and method of payment

You must attach to your submission the fees required for the analysis of your application for admission. These are divided as follows:

- ✓ Fee for opening file: $183.96 (in Canadian dollars, taxes included).
- ✓ Fee for evaluation of application: $574.88 (in Canadian dollars, taxes included).

The fee for the opening of your file of $183.96 (in Canadian dollars, taxes included), and the fee for evaluation of your application of $574.88 (in Canadian dollars, taxes included), may be paid as follows:

- ❑ By check or money order made out to the *Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec* (OTSTCFQ). If you opt for this method of payment, you must make a first check or money order to pay the fee for opening your file and a second check or money order to pay the fee for evaluating your application.
- ❑ By credit card

Visa ❍ Mastercard ❍

Credit card number:

Date of expiration of credit card:

Month	Year

Last name:	First name:

Please note that we shall not process your application if you do not sign this form or pay the required fees, or if other mandatory information has been omitted.

✉Please return this form to the following address: jmalo@otstcfq.org or attach it to your file.