



VERIFICATION FORM

TO: Dean or Director, School/Faculty of Social Work

RE: Application of _____
(Surname) (Given name) (Maiden name)

The above named person has applied to the Canadian Association of Social Workers to have their social work training evaluated vis-à-vis Canadian credentials.

Please complete the following verification data:

This is to certify that the above named applicant has successfully completed the degree(s) indicated below, and was granted:

(a) a graduate social work title _____ Date _____ Yes ____ No ____
Degree Received

(b) an undergraduate social work title _____ Date _____ Yes ____ No ____
Degree Received

(c) other program title _____ Year _____ Yes ____ No ____

Dean's signature _____

Print name _____

SEAL

(Date)

(School/Faculty of Social Work)

This Verification Form should be returned directly by the educational institution to the CASW at:

Canadian Association of Social Workers
M229 - 1554 Carling Avenue
Ottawa, Ontario K1Z 7M4