



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 383 Parkdale Ave. Suite 402, Ottawa, Ontario, Canada K1Y 4R4.