



otstcfq.com

# MEMBERSHIP APPLICATION/REGISTRATION ON THE ROLL OF THE ORDER AS SOCIAL WORKER



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

**From April 1, 2019 to March 31, 2020**

<b>For Order use only</b>	<b>Date received by OTSTCFQ</b>

SEE GUIDE, LINE

015

To ensure that your file is processed properly, it is important that you return the entire document to us, duly completed and accompanied by all documents and payments required.

Please consult the reference guide when completing this form and the appendices applicable to your situation.

For the list of documents to attach, refer to the section applicable to your situation on our website [www.otstcfq.org](http://www.otstcfq.org).

**Coding**

REGION OF PROFESSIONAL DOMICILE:	PERMIT NO.:	CLIENT NO.:
_____ _____		<b>Registration on:</b> ____ / ____ / ____

100

**IDENTIFICATION**

SURNAME AT BIRTH		ADDRESS (Civic No., Street, Apartment)	
GIVEN NAME		CITY, PROVINCE, COUNTRY	
DATE OF BIRTH	POSTAL CODE	HOME TELEPHONE	
Day Month Year			
CITIZENSHIP	CELL	FAX	
SEX F <input type="checkbox"/> M <input type="checkbox"/>			

**FOR CORRESPONDENCE WITH THE ORDER**

**MANDATORY** EMAIL ADDRESS THAT THE ORDER MUST USE FOR ITS CORRESPONDENCE WITH YOU

EMAIL ADDRESS

\_\_\_\_\_

125

**LANGUAGES**

LANGUAGE SPOKEN

French

English

Other  Specify: \_\_\_\_\_

**130 Professional information**  
ARE YOU A MEMBER IN GOOD STANDING OF ONE OR MORE PROFESSIONAL ORDERS IN QUÉBEC?

**135** ARE YOU A MEMBER OF OTHER CANADIAN REGULATORY BODIES FOR SOCIAL WORK?      
If yes, specify: \_\_\_\_\_

DO YOU HOLD A PSYCHOTHERAPIST PERMIT ISSUED BY THE ORDRE DES PSYCHOLOGUES? Yes  \_\_\_\_\_  
No  \_\_\_\_\_

ARE YOU A MEMBER OF A CANADIAN ASSOCIATION? If yes, specify: Yes  \_\_\_\_\_  
No  \_\_\_\_\_

**200 Initial university training in social work: First social work degree allowing access to a permit**

DEGREE	UNIVERSITY	UNIVERSITY NAME	COUNTRY	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Date of program completion if new graduate*  /  /  Day Month Year

*Date degree received*  /  /  Day Month Year

I received my degree more than five (5) years ago.  
Please refer to the section on the application of the Regulation respecting refresher training periods in the Admission conditions and procedure document.

**Other university programs completed**

DEGREE	FIELD	NAME OF FIELD	UNIVERSITY	UNIVERSITY NAME	COUNTRY	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**305 Activity sector or Status** Everyone is legally obligated to answer this question. ACTIVITY SECTOR / STATUS

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**310 EMPLOYER** e.g. CISSS de Lanaudière

EMPLOYER'S NAME  CITY, PROVINCE

ADDRESS OF HEAD OFFICE  POSTAL CODE

**Principal place of work** (You must check only one principal place of work)

**PLACE OF WORK** e.g.: CLSC Lamater

ADDRESS OF PLACE OF WORK  TELEPHONE  EXTENSION

CITY, PROVINCE  POSTAL CODE  2<sup>ND</sup> TEL. NO./CELL  FAX

EMAIL  JOB TITLE

---

**320 Professional information**

POSITION  FIELD OF PRACTICE           TYPE OF CLIENTELE SERVED

INTERVENTION METHODS    INTERVENTION APPROACHES     THEORETICAL MODELS

SERVICES OFFERED           OTHER SERVICE OFFERED NOT INCLUDED ON THE LIST

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**340 Independent practice** \* At this workplace, DO YOU HAVE AN INDEPENDENT PRACTICE?  
(Under section 60 of the *Professional Code*, you are legally obliged to complete this section if you have an independent practice)  
You must also purchase OTSTCFQ professional liability insurance

Code Meaning  Per week  0 to 7 hours  8 to 15 hours  16 to 23 hours  24 to 31 hours

1 Yes full-time  
2 Yes part-time  
3 No

Does your office have handicapped adapted facilities?  
Yes   
No

**\* If you engage in independent practice, please complete Appendix H of the Reference Guide and return it with your admission application.**

**305 Activity sector or Status** Everyone is legally obligated to answer this question. ACTIVITY SECTOR / STATUS

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2 Yes part-time  
3 No

Does your office have handicapped adapted facilities?  
Yes   
No

**\* If you engage in independent practice, please complete Appendix H of the Reference Guide and return it with your admission application.**

**If you practice at other locations, please complete Appendix A of the Reference Guide and return it with your registration form.**

**340 Independent practice referral service**

Continued

Social workers and family and marriage therapists in independent practice are registered with the Referral Service of the Order's website. A search engine is available to the clients who wish to obtain references to professionals using selection criteria (e.g. by region, services offered, etc.) The Order offers the public telephone references and sends by mail or fax a list of professionals. However, if you wish to exclude yourself from this service, you must complete Appendix E.

**400 Transmission of information**

Do you agree to allow the Order to give your name, address, telephone number and email to members (e.g. banking services, home and care., insurance)?  
If you do not wish to receive emails from third parties, please answer NO (Bill C-28)

Code Meaning	
Y	Yes <input type="checkbox"/>
N	No <input type="checkbox"/>

Do you agree to allow the Order to give your name, address, telephone number and email address to third parties for research, survey or statistical purposes?

Code Meaning	
Y	Yes <input type="checkbox"/>
N	No <input type="checkbox"/>



If your professional domicile is your residence because you are unemployed, student, on an unpaid availability list, working in another field, outside Québec or retired and you do not want this information to be available on the Roll of the Order, **complete Appendix G of the Reference Guide..**

If you do not so indicate, you are deemed to have consented to the communication of your contact information to third parties. You may modify your choice at any time by contacting the OTSTCFQ receptionist.

**600 Mandatory declarations**

**You are required to complete sections 610 and 620 if you have been the subject of a court or disciplinary decision contemplated by sections 45, 45.1 and 45.2 of the *Professional Code*.**

With respect to the documents required further to a disciplinary or court decision, you are obliged to provide them except if you have already submitted these documents to the Order.

**610 Disciplinary decisions**

If you have been the subject of a disciplinary decision, you must report it to the Order, as provided in sections 45, 45.1 and 45.2 of the *Professional Code*.

**YES I HAVE BEEN 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.**  
(Complete Appendix C and return it with your registration form)

**620 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, as provided in sections 45, 45.1 and 45.2 of the *Professional Code*.

**DO NOT COMPLETE IF YOU HAVE OBTAINED A PARDON OR IF YOU HAVE ALREADY INFORMED THE ORDER.**

**YES I HAVE BEEN THE SUBJECT OF A JUDGMENT BY A CANADIAN OR FOREIGN COURT FINDING ME GUILTY OF A CRIMINAL OFFENCE.**  
(complete Appendix C and return it with your registration form)

**630 Legal proceedings**

If you have been the subject of any proceedings for an offence punishable by imprisonment of 5 years or more, you must inform the Order as provided in section 59.3 of the *Professional Code*. Members of the Order must provide this information within 10 days of the day on which they are themselves informed.

**DO NOT COMPLETE IF YOU HAVE ALREADY SO INFORMED THE ORDER.**

**YES I HAVE BEEN THE SUBJECT OF A PROCEEDING FOR AN OFFENCE PUNISHABLE BY IMPRISONMENT OF 5 YEARS OR MORE**  
(complete Appendix C and return it with your registration form)

**700 ATTESTATION OF VERACITY AND OATH OF OFFICE****710 Attestation of veracity**

720

I, the undersigned, certify that all information entered on this form is accurate and complete.

**Oath of office**

I, the undersigned, undertake to fulfill, with honesty, fidelity and justice, the duties imposed on social workers by the *Professional Code* and the regulations of the Order, in particular to preserve the secrecy of information of a confidential nature that comes to my knowledge in the practice of my profession.

**Mandatory  
signature  
and date**

**X**

SIGNATURE

**X**

DATE


**Please complete:**

1. Dues Notice
2. where applicable, **Appendix B: Application for exemption from professional liability insurance** (see page 6 of this document)

**1000 Identification** Surname and given name

**1100 Rate categories for annual dues\***

ADM TS A

 Please check the choices that apply to your situation.

Please register me as:

 Social worker

\* Reduced rate available starting January 1, 2020.  
 Refer to the "Dues Table" available on the Order's website: [www.otstcfq.org](http://www.otstcfq.org)

• • • No reimbursement • • •

Annual dues	GST	QST	Compulsory contribution to financing the Office des professions du Québec	Total dues
TAXABLE	5%	9,975%		
<input type="checkbox"/> <b>Regular rate, member with paid employment in Québec, in any field</b> Full time, part time, and on an availability list with remuneration	\$540,00 +	\$27,00 +	\$53,87 +	\$29,00 = <b>\$649,87</b>
<input type="checkbox"/> <b>New graduate rate</b> in Québec respecting the eligibility conditions (see "Conditions and Admission Procedure")	\$180,00 +	\$9,00 +	\$17,96 +	\$29,00 = <b>\$235,96</b>
<input type="checkbox"/> <b>Preferential rate, Unemployed member and availability list without remuneration</b> the rate is adjusted to the regular rate when resuming paid employment	\$270,00 +	\$13,50 +	\$26,93 +	\$29,00 = <b>\$339,43</b>
<input type="checkbox"/> <b>Member in school</b>				
<input type="checkbox"/> Member studying full-time and without employment income	\$270,00 +	\$13,50 +	\$26,93 +	\$29,00 = <b>\$339,43</b>
<input type="checkbox"/> Doctoral student (with or without employment income) in social service, with proof				
<input type="checkbox"/> <b>Member outside Québec</b>	\$270,00 +	\$13,50 +	\$26,93 +	\$29,00 = <b>\$339,43</b>
<input type="checkbox"/> <b>On Leave</b> , (Complete Appendix D)	\$270,00 +	\$13,50 +	\$26,93 +	\$29,00 = <b>\$339,43</b>
<input type="checkbox"/> <b>Annual dues for a second title</b> Check this option if you are already a member of the OTSTCFQ.	\$148,00 +	\$7,40 +	\$14,76 +	= <b>\$170,16</b>
<b>ADMINISTRATIVE FEES</b>				
<input type="checkbox"/> <b>New application / File opening fee</b> (payable by all)	\$160,00 +	\$8,00 +	\$15,96 +	= <b>\$183,96</b>
<input type="checkbox"/> <b>File review</b> Applicable if graduated more than 5 years ago (Please refer to the section on the application of the Regulation on refresher training periods in the Conditions and Admission Procedure document)	\$150,00 +	\$7,50 +	\$14,96	= <b>\$172,46</b>

See section 1140

**1120 Professional liability insurance**

Select one of the three following options:

 Professional liability insurance

No reimbursement

\$70,85

 **OR**
 Request for exemption. **YOU MUST COMPLETE APPENDIX B, OTHERWISE YOUR FILE WILL BE REFUSED.**

Complete Appendix B and, if appropriate, Appendix F.

 Optional complementary insurance **FOR THOSE PERSONS WITH AN EXEMPTION**

No reimbursement

\$12,00

**1135 Fund dedicated to the recognition of the independent practice of social worker and family and marriage therapists**
 Contribution to the recognition of independent practice (voluntary)

+

\$

 When a modification of your status or professional activities occurs during the year, you must notify the Order immediately and a dues adjustment could be made in your file, depending on the situation.

=

\$

**2000 Payment methods**
 Please check one of the following payment methods:

 Payment by cheque or postal money order payable to the OTSTCFQ in  cheques\*\*

 \*\* Administrative fees must be paid separately from the dues.  
 No post-dated cheques will be accepted.

 Payment by credit card

Credit card number

 Visa  Mastercard

Expiration

     

X

SIGNATURE

Registration numbers: GST 101162089 QST 1006163331 TQ0001

See the Regulation in the Reference Guide, Professional Liability Insurance Section

Whatever your job title, if you practice as a social worker or marriage or family therapist full time, part time or occasionally, you are required to adhere to the contract of the professional liability insurance plan subscribed by the Order. This plan establishes a guarantee against the liability a member may incur because of faults and negligence committed in the practice of their profession. However, the regulation allows certain exemptions.

In order to help you determine your eligibility for an exemption, here are examples of some current situations:

- You are unemployed, on an unpaid availability list, on extended leave, you practice in a field other than social work or family and marriage therapy or you practice outside Québec, check the 1st paragraph.
- You practice exclusively in an establishment of the health and social services network (CLSC, CH, CHSLD, C.J., CR), check the 3rd paragraph.
- You are registered exclusively on a remunerated availability list of an establishment of the health and social services network, check the 3rd paragraph.
- You practice in a community agency, a non-profit agency, a private company or you provide volunteer services as a social worker or family or marriage therapists, check the 8th paragraph and provide Appendix F duly completed by your employer. If your employer has no professional

liability insurance, you cannot be exempted from the obligation to subscribe to the Order's professional liability insurance, and you must send the Order the payment according to the rate in force, to subscribe to the Order's insurance plan.

- You practice in more than one location, check the 9th paragraph and provide Appendix F if, for example, one of the places where you practice is a community agency or a non-profit agency with professional liability insurance. If one of the employers does not have such insurance, you must subscribe to the Order's insurance.
- You are paid by a placement agency, you must subscribe to the OTSTCFQ insurance and you cannot apply for an exemption.
- You have an independent practice (full time or part time), you must subscribe to the OTSTCFQ professional liability policy and you cannot apply for an exemption.
- You are a retired member and do not engage in any volunteer activity in social work or marriage and family therapy, check the 1st paragraph.



1120

Exemption Request

**REGULATION RESPECTING THE PROFESSIONAL LIABILITY INSURANCE OF MEMBERS OF THE ORDRE DES TRAVAILLEURS SOCIAUX ET DES THÉRAPEUTES CONJUGAUX ET FAMILIAUX DU QUÉBEC**  
CProfessional Code (R.S.Q., c. C-26, s. 93 para. d)  
REQUEST FOR EXEMPTION (s. 3)

I, the undersigned, ,  
social worker or marriage and family therapist, declare:

- [ ] 1° I do not practice the profession, nor in any way engage in the professional activities mentioned in paragraph d) of section 37 of the Professional Code (CQLR, c. C-26) [For a marriage and family therapist: I do not practice the profession nor in any way engage I the professional activities mentioned that I can exercise, in addition to those that I am are otherwise allowed by law];
- [ ] 2° I am a full-time exclusive **university student** at the master's or doctorate level in social work [For a marriage and family therapist: I am a full time and exclusive university student at the master's or doctorate level related to marriage and family therapy];
- [ ] 3° I am exclusively at the service of an establishment in the meaning of the **Act respecting health services and social services** (CQLRQ., c. S-4.2) or a **health services and social services centre** in the meaning of the Act respecting health services and social services for Cree Native persons (CQLR, c. S-5);
- [ ] 4° I am exclusively at the service of a **school commission or the Conseil scolaire** de l'Île de Montréal;
- [ ] 5° I am exclusively at the service of the **Gouvernement du Québec** and appointed or remunerated under the **Public Service Act** (CQLR, c F-3.1.1);
- [ ] 6° I am exclusively at the service of an agency for which the **Gouvernement du Québec** or one of its ministers appoints the majority of the members, of which the law requires that the personnel be appointed or remunerated according to the Public Service Act or whose social fund is part of the public domain or an agency that is an agent of the government and so designated by law;

- [ ] 7° I am exclusively at the service of the **Public Service of Canada** as defined in section 2 of the Public Service Staff Relations Act, (RSC, 1985, c P-35), the **Canadian Forces** in the meaning of section 14 of the National Defense Act (RSC, 1985, c N-5) or a crown corporation in the meaning of section 83 (1) of the Financial Administration Act (RSC, 1985, c F-11) and mentioned in the schedules to this Act;
- [ ] 8° I am exclusively at the service of an individual or a legal entity **other than those contemplated in paragraphs (3) to (7)** and I have submitted to the secretary of the Order a certificate attesting that this entity will act as guarantor, take up the defence and respond financially to the consequences of any fault or neglect committed by me in the practice of my profession, with a guarantee containing the minimum stipulations prescribed in section 4 of the Regulation respecting the professional liability insurance of members of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec;
- [ ] 9° I am exclusively at the service or one or more of the entities contemplated in paragraphs (3) to (8) and, in case when one of these entities is the one contemplated in paragraph (8), I have submitted to the secretary of the Order a certificate attesting that this entity will act as guarantor, take up the defence and respond financially to the consequences of any fault or neglect committed by me in the practice of my profession, with a guarantee containing the minimum stipulations prescribed in section 4 of the Regulation respecting the professional liability insurance of members of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec.

I declare that the information above is accurate and I agree to inform the secretary of the Order without delay and in writing of any change that in any way modifies the cause of my exemption from adhering to the group professional liability insurance plan of the Order.

And I have signed at

this  day of the month of  of the year 20 .

**X**