



RECERTIFICATION APPLICATION  
Certified Clinical Transplant Social Worker &  
Mechanical Circulatory Support Social Worker

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Daytime phone, including country code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date original CCTSW certification issued: \_\_\_\_\_

Date original CCSW-MCS certification issued: \_\_\_\_\_

Date original CCTSW-MCS certification issued: \_\_\_\_\_

My STSW membership is current.

License/Registration

Current clinical licensure/registration: \_\_\_\_\_

License/registration number: \_\_\_\_\_

Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State/province/territory/country of issue: \_\_\_\_\_

*Please include a copy of your current social work license/registration.*

## Affirmation of Professional Standards

Have you ever been found in violation of a social work licensing law or regulation? *If yes, please explain.*

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Are there any cases pending against you regarding violation of professional standards? *If yes, please explain.*

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I certify that my social work practice conforms to the National Association of Social Workers (NASW) Code of Ethics and the NASW Standards for Continuing Professional Education, Canadian Association of Social Workers (CASW) Guidelines for Ethical Practice, or recognized equivalent.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Continuing Education

Include list of CEUs from last 3 years. See checklist for details.

## Payment

A *non-refundable* processing fee must be mailed to the STSW treasurer or paid online. See checklist for details.



**AFFIRMATION OF EMPLOYMENT IN MECHANICAL CIRCULATORY SUPPORT**  
**Certified Clinical Transplant Social Worker - Mechanical Circulatory Support**

Name of applicant: \_\_\_\_\_

Length of employment: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Name of employer: \_\_\_\_\_

Job title: \_\_\_\_\_

**Manager or Supervisor Attestation:**

I attest that the applicant has been employed in mechanical circulatory support for the period listed above.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job title and credentials: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Daytime phone number, including country code: \_\_\_\_\_

E-mail: \_\_\_\_\_



**AFFIRMATION OF EMPLOYMENT IN TRANSPLANT**  
**Certified Clinical Transplant Social Worker - Mechanical Circulatory Support**

Name of applicant: \_\_\_\_\_

Length of employment: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Name of employer: \_\_\_\_\_

Job title: \_\_\_\_\_

**Manager or Supervisor Attestation:**

I attest that the applicant has been employed in transplant for the period listed above.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job title and credentials: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Daytime phone number, including country code: \_\_\_\_\_

E-mail: \_\_\_\_\_