

PRACTICUM AGENCY
AGENCY FIELD INSTRUCTOR PROFILE

Date: _____

Please list **ALL** persons who will be assuming supervisory responsibilities during the practicum in the appropriate section below.

Primary Field Instructor *(main student supervisor)*

Name: _____

Job Title: _____

Email: _____

Earned Degree(s): ___ MSW ___ BSW ___ Other (field): _____

Areas of specialization: _____

Number of Years post BSW/MSW practice experience: _____

Supervisory Experience (e.g. supervising agency staff or practicum students): _____

Memberships in professional organizations and associations: _____

Alternate Field Instructor

Name: _____

Job Title: _____

Email: _____

Earned Degree(s): ___ MSW ___ BSW ___ Other (field): _____

Areas of specialization: _____

Number of Years post BSW/MSW practice experience: _____

Supervisory Experience (e.g. supervising agency staff or practicum students): _____

Memberships in professional organizations and associations: _____

Agency: _____

City: _____ State: _____

THANK YOU FOR COMPLETING THIS FORM.
IT IS IMPORTANT THAT WE HAVE THE MOST CURRENT AND ACCURATE INFORMATION.