**WEST CHESTER UNIVERSITY - DEPARTMENT OF SOCIAL WORK**

**FIELD INSTRUCTOR APPLICATION**

**Name:** First Name Middle Initial Last Name Maiden Name (if applicable)

**Title/Position:** Title/Position

**Work Phone:** Work Phone **Other Phone:** Other Phone

**E-mail Address:** Email Address

**Date you began working in Social Work:** Date

**Date you began intern supervisory experience:**  **At BSW Level:** Date **At MSW level:** Date

**At other disciplines:** Date **List other discipline:** List other discipline(s)

Starting with the MOST RECENT, list degrees received:

|  |  |  |
| --- | --- | --- |
| **Degree** | **College/University** | **Year Graduated** |
|  |  |  |
|  |  |  |
|  |  |  |

List Licenses and Certificates received:

|  |  |  |
| --- | --- | --- |
| **License/Certificate** | **Issue by** | **Year Issued** |
|  |  |  |
|  |  |  |
|  |  |  |

**Name of Site Agency and Department:** Name of Site Agency Name of Department

**Site Address:** Street Address City State Zip

**Name of Parent Organization/Affiliation (if applicable):** Name of Parent Organization

**Address of Parent Organization (if applicable):** Street Address City State Zip

**Start Date:** Date

**Briefly describe the social work theories you use in your social work practice:**

Click or tap here to enter text.

**Briefly describe your approach to student supervision:**

Click or tap here to enter text.

**For those supervising BSW or Foundation/First Year MSW students**: Please describe the generalist practice activities and assignments that you will provide to help the student develop the values, knowledge and skills necessary to become competent for beginning level social work practice.

Click or tap here to enter text.

**For those supervising Concentration/Second Year/Advanced Standing MSW students:** Please describe the advance practice activities and assignments that you will provide to help the student develop the values, knowledge and skills necessary to become competent for advanced social work practice:

Click or tap here to enter text.

**Due to CSWE policies, we need to have record of verification of your degree. Please attach photocopies of:**

Master’s level diploma OR professional license (phone pictures are acceptable), and

Current resume

Your Full Name Title

Name, Title

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Signature Date

For Administrative Use Only:

Date of most recent update: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sharepoint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Access:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 6/17