

**SOCIAL WORK Program**

**Field Instructor Data Sheet**

Name: Date:

Agency Name:

Agency Address:

Phone: Fax:

E-Mail:

**EDUCATIONAL BACKGROUND**

Undergraduate School:

Degree Received:

Major: Year Graduated:

Graduate School:

Degree Received:

Major: Year Graduated:

Graduate School:

Degree Received:

Major: Year Graduated:

**EMPLOYMENT BACKGROUND**

*Please list employment history in social work, beginning with most recent:*

Agency: Position:

Dates of Employment: to

Agency: Position:

Dates of Employment: to

Agency: Position:

Dates of Employment: to

Agency: Position:

Dates of Employment: to

**PROFESSIONAL LICENSE AND MEMBERSHIPS**

**Please indicate your professional license & number and other professional credentials:** *Notice: A license is not required to be a Field Instructor. However, we would like to know what license(s) and certifications you hold.*

 LBSW: # LCSW: #

 LMSW: # Member of NASW

Other:

**Please describe your commitment to providing social work education, supervision, including what support will be provided by the agency:**

**I verify that the stated information is accurate and complete.**

Field Instructor Signature Date