



FIELD INSTRUCTOR'S EXPERIENCE OUTLINE

Date	
Name:	Title in Agency:
Agency:	
Agency Address:	Telephone:
	e-mail:
	Fax:

MSW Graduate Experience:

School:	Degree:	Year:
Practice method or area of study:		
Post-MSW Social Work Education:		
Professional License State:	LCSW <input type="checkbox"/>	Year:
	LMSW <input type="checkbox"/>	Year:
Are you currently registered under this license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you exempt by virtue of employment until 2010?	YES <input type="checkbox"/>	

Professional Social Work Experience:

Current dates:	Agency:
Prior (<i>list chronologically</i>):	
Dates:	Agency:
Dates:	Agency:

Seminar in Field Instruction (SIFI) I can provide proof of SIFI Certification YES

Academic Year:	School:	Instructor:
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Experience as a Field Instructor			<i>Number of students supervised</i>		
Year	Agency	School	BSW	MSW 2 yr	MSW OYR

Signature: _____ **Date:** _____

Demographics (optional):

Gender:	Age:	Racial/Ethnic Identity:
Languages other than English:		

FOR HCSSW OFFICE USE ONLY

Academic Year:	Student Name:	Program:
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