

## Field Instructor / Agency Supervisor Profile Form

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Gender: Male Female Decline to state

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zipcode \_\_\_\_\_

**Degrees:**

BA	Year	College/University	Degree/Specialization
MSW	Year	College/University	Degree/Specialization
Other	Year	College/University	Degree/Specialization

**Licenses:**

LCSW	Year / License#	PPS	Year / License #
Other	Yr. / License # (LMFT, etc.)		

### Employment/Experience:

Present Position \_\_\_\_\_ Agency \_\_\_\_\_ Work Phone \_\_\_\_\_

Period of Employment \_\_\_\_\_ Name and Title of Immediate Supervisor \_\_\_\_\_

### Other previous social work practice experience (type below or attach resume)

1. Agency:

Position:

Period of Employment:

2. Agency:

Position:

Period of Employment:

3. Agency:

Position:

Period of Employment:

DSWE Staff: \_\_\_\_\_ Field Coordinator \_\_\_\_\_ IPT Profile \_\_\_\_\_ Online Training \_\_\_\_\_

## Volunteer/Community Experience/Professional Organizations/Service to the University

### Field Work Instruction/Experience:

No, I do not have field instruction experience.

Yes, I do have field instruction experience.

Number of Years: \_\_\_\_\_

Average Number of Students: \_\_\_\_\_

Specify Discipline (Social Work, LMFT, etc.): \_\_\_\_\_

I understand that to be certified as a field instructor, it is required for me to complete the department's On-line Field Instructor training prior to the supervising an intern. The training can be accessed at:  
<http://www.fresnostate.edu/chhs/social-work/field-instructor/index.html>

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

**Return to:**  
Department of Social Work Education  
Attn: Field Office  
5310 N. Campus Drive M/S PH102 - Fresno, CA 93740  
**Fax: 559-278-7191**