



School of Social Work  
 Field Education Program  
 5500 University Pkwy  
 San Bernardino, CA  
 Phone: (909) 537-5501  
 Fax: (909) 537-7029  
[www.socialwork.csusb.edu](http://www.socialwork.csusb.edu)

## Field Instructor Information Form

Instructions: This form is to be completed by all Field Instructors and if applicable, the Agency Supervisor. Please sign and return with resume attached to Jolynne.Morgan@csusb.edu.

### Field Instructor Contact Information

Last Name:	First Name:	MI:
Agency:		
Program/Site:		
Address:		
City:	State:	Zip:
Work Phone: (    )	Work Fax: (    )	E-mail:

**Agency Site Supervisor**      Check box if *not* LCSW or MSW

### Education

Institution and Location	Field of Study	Dates Attended	Degree and Date Received

**Other Credentials/Licenses** (Please check all that apply. Field Instructors are required to have a minimum of 2 years experience post MSW degree.)

<input type="checkbox"/> LCSW Year Received _____	<input type="checkbox"/> LMFT Year Received _____	<input type="checkbox"/> PPSC Year Received _____
<input type="checkbox"/> ACSW Year Received _____	<input type="checkbox"/> Other ( <i>specify</i> ) _____ Year Received _____	

**Work Experience in Social Work** (Please list relevant work experience beginning with your most recent OR attach a resume. Please attach additional sheet(s) as necessary.)

Name and Location of Agency	Position	Dates Worked

Description of Duties/Responsibilities		
Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		

Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		

**Student Supervisory Experience**

Name and Location of Agency		
School	# of Students	# of Years/Months
Name and Location of Agency		
School	# of Students	# of Years/Months
Name and Location of Agency		
School	# of Students	# of Years/Months

**Professional Publications**

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**Discuss practice models, theories & techniques you commonly use in your practice**

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**Discuss training, teaching style & the activities you will use in working with students**

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Have you attended CSUSB **15-hour** Orientation to Field Instructor Training? ( )Yes ( )No

If yes, when? \_\_\_\_\_

Have you attended a Field Instructor Training at another university Social Work program? ( )Yes ( )No

**If YES Please copy and attach Certificate of Completion from accredited Social Work Program. Year \_\_\_\_\_ Location \_\_\_\_\_**

**Print Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_