	<p>School of Social Work Practicum Education Program 5500 University Pkwy San Bernardino, CA 92408 (909) 537-5501 http://socialwork.csusb.edu</p>	<p>JOB CONVERSION APPLICATION</p>
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Type of Job Conversion:

1-year Employment-based Practicum: Using your employment site during your regular working hours as a practicum placement site

2-year Employment-based Practicum: Using your employment site during your regular working hours as a practicum placement site

County Employees (20/20 MH): Using your employment site during your regular working hours as a practicum placement site for Generalist year and Advanced Generalist year practicum.

County Employees (TIVE Recipients): Using your employment site during your regular working hours as a practicum placement site.


Job-Related (new employment as Practicum): Using a new employment role (less than 1 year), as the educational, competency-based practicum.

General Criteria ALL Job Conversions:

1. I want to use my place of employment during my regular working hours as a practicum placement site.
2. An MSW with 2 or more years of experience and at least 6 months of experience at the agency will oversee my practicum placement and be my practicum supervisor. The practicum supervisor will NOT be my employment supervisor. Exceptions must be approved by the University and the agency. The practicum supervisor needs to be different from the employment supervisor.
3. My practicum instruction tasks/assignments will be substantially different from my regular employment and are in accordance with both the School of Social Work's practicum education criteria and appropriate to my chosen area of interest.
4. My practicum instruction will be in a role that meets my level of study (BASW, MSW Generalist, or MSW Advanced Generalist)
5. The placement will occur during sustained periods of time during my work week (minimum of 4 hours at a time) preferably at a different location.
6. The prospective practicum supervisor meets or agrees to meet the CSUSB MSW program's requirement that they attend an 8-hour Practicum Supervisor Training prior to the intern start date.

Note: If your situation does not meet ALL listed criteria, you will not qualify for a job conversion.

1. All job conversions must be approved by the CSUSB School of Social Work Director of Practicum Education.
2. Students applying for job conversions or job-related placements MUST still complete a practicum application.
3. Before turning in your job conversion application, make a copy for your records and provide a copy of the entire application for everyone who signs it.
4. **You will be notified in writing by the CSUSB School of Social Work Director of Practicum Education as to whether the job conversion/job related application has been approved.**

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SECTION 1:

INSTRUCTIONS: TYPE OR PRINT LEGIBLY IN BLACK INK ONLY. Please complete this application and submit a signed copy to your Practicum Coordinator for initial review. The application must receive final approval from the CSUSB School of Social Work, Director of Practicum Education-

Please check applicable status:		
	MSW Generalist Year	MSW Advanced Generalist Year
Last Name	First Name	MI
Student #	Phone	
Agency	Program	
Agency Address		
City	State	Zip
Agency Phone	Alternate Phone	

SECTION 2:

Attach a copy of your job duties and a description of your practicum responsibilities to this application.

Include current employment location and supervisor and proposed practicum location and supervisor. Practicum needs to be distinctly different in terms of supervisor and location and duties.

Mark days student is an employee:	M	T	W	Th	F	Sat	Sun
Mark days student is in practicum:	M	T	W	Th	F	Sat	Sun

SECTION 3: Signatures from all parties (ALL Applicants must complete)

By our signatures, we certify that we have read through, that we agree to the job conversion requirements of CSUSB School of Social Work and that we concur with and will support the student's practicum at the agency of employment. **Signatures need to be from the designated authority at the agency.**

Current Supervisor's Signature	MSW/LCSW Practicum Supervisor's Signature
Print Name	Print Name

MSW Other (<i>please specify</i>)	MSW LCSW
Phone	Phone
Signature/Approval of Organization's Director (For County Agency: Designated Authority's signature) Date	Signature/Approval of Student Date
Print Name	Print Name

Approved *Not Approved* By: _____ Date: _____
Reason if NOT approved: _____
