



School of Social Work
Field Education Program
5500 University Pkwy
San Bernardino, CA 92408
Phone: (909) 537-5501 /Fax: (909) 537-7029
<http://socialwork.csusb.edu>

JOB CONVERSION APPLICATION

Definition of Job Conversion: Using your employment site during your regular working hours as a field placement site.

Criteria for a Job Conversion:

1. I want to use my place of employment during my regular working hours as a field education site.
2. I am currently employed at the agency no less than 32 hours per week.
3. I will have worked at my agency for at least one year prior to starting the placement.
4. My agency will pay me for my field placement duties.
5. An MSW with 2 or more years of experience and at least 6 months of experience at the agency will oversee my field placement and be my field instructor, if practically possible. The field instructor will NOT be my employment supervisor. Exceptions must be approved by the University and the agency. The internship supervisor needs to be different from the work supervisor.
6. My field instruction tasks/assignments will be substantially different from my regular employment and are in accordance with both the School of Social Work's field education criteria and appropriate to my chosen area of interest.
7. 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.

Note: If your situation does not meet ALL seven criteria, you do not qualify for a job conversion. In that case, you should complete the JOB-RELATED PLACEMENT application.

All job conversions must be approved by the CSUSB School of Social Work Director of Field Education. Students applying for job conversions or job-related placements MUST still complete a field application.

Before turning in your job conversion application, detach this page and keep it for your records. Also, you should make copies of the entire application for everyone who signs it (see page 3).

You will be notified in writing by the CSUSB School of Social Work Director of Field Education as to whether the job conversion has been approved.



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**JOB CONVERSION
 APPLICATION**

INSTRUCTIONS: TYPE OR PRINT LEGIBLY IN BLACK INK ONLY. Please complete this application and submit a signed copy to the CSUSB School of Social Work Director of Field Education or give to Department Secretary.

Please check applicable status: <input type="checkbox"/> MSW Foundation Year <input type="checkbox"/> MSW Advanced Year <input type="checkbox"/> 2 nd Yr Part-time <input type="checkbox"/> 3 rd Yr Part-time		
Last Name	First Name	MI
Student #	Phone ()	
Agency	Program	
Agency Address		
City	State	Zip
Agency Phone ()	Alternate Phone ()	

During the student's work week, please describe the following:

Job tasks & skills of job for which you currently are responsible	Internship tasks & skills to be done/learned as an intern in the field work setting

***Please attach a current job description.**

Include current location and supervisor and proposed location and supervisor. If applicable, how will the employment and internship be sufficiently separated/different? (Internship needs to be distinctly different in terms of supervisor and location and duties).

Circle days student is employee:	M	T	W	Th	F	Sa	Su
Circle days student is in field:	M	T	W	Th	F	Sa	Su



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The second part of your job conversion application is to write a narrative that addresses the following questions. You should discuss these issues with your prospective field instructor, your current job supervisor and anyone else in the agency who will be responsible for facilitating your job conversion. The narrative **MUST BE TYPED AND ATTACHED TO THIS APPLICATION**. Please number your answers.

1. Why do you want a job conversion?
2. Have you already had a job conversion? Do you plan to request job conversions for two different years of your master’s program? (This constitutes an exception to our policy.)
3. How will the field placement be different from your regular job? Include information on different duties, client population, location, supervisors, and any other factors that will differentiate the job from the placement.
4. How will the job conversion allow you to develop professional social work competencies? This means, which **NEW SKILLS** will you be developing?
5. To whom have you spoken at your agency about this job conversion? Describe your understanding of how the agency will allow you to “be a student” during the field placement portion of your job, including (but not limited to) reduced caseload, extra training, ability to engage in activities relevant to the Learning Agreement but that may not be a normal part of the job itself, etc.
6. What problems do you anticipate might come up as you do the job conversion? What are some ways you and your field instructor could reduce the impact of these problems (e.g., role confusion, conflict between job duties and field placement duties, caseloads, etc.)?
7. Will you have a “preceptor” for the field placement portion of your job who is NOT the same person as your field instructor? If so, what are the plans for you, your field instructor and your preceptor to keep in good communication with each other?
8. Have you discussed with your prospective field instructor the need for a minimum of one hour per week individual field instruction, and is it your understanding that the field instructor agrees to this?
9. Have you communicated to your prospective field instructor CSUSB MSW program’s requirement that he or she attend a 15-hour Field Instructor Training at the beginning of your placement, and is it your understanding that the field instructor agrees to this?

You must show your narrative to your prospective field instructor, your current job supervisor, your prospective task supervisor (if any) and the agency director before handing in this application.

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 internship at the agency of employment. **Signatures need to be from designated authority at the county agency.**

Current Supervisor’s Signature		MSW/LCSW Field Instructor’s Signature	
Print Name		Print Name	
()MSW ()Other (<i>please specify</i>) _____		()MSW ()LCSW	
Phone ()		Phone ()	
Signature/Approval of Organization’s Director	Date	Signature/Approval of Student	Date

Print Name	Print Name
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Approved *Not Approved* *By:* _____ *Date:* _____

Reason if NOT approved: _____
