

	<p>School of Social Work Practicum Education Program 5500 University Pkwy San Bernardino, CA 92408 (909) 537-5501 http://socialwork.csusb.edu</p>	<p>EMPLOYMENT-BASED PRACTICUM PLACEMENT SUPPLEMENTAL APPLICATION</p>
---	---	---

Purpose:

A **Supplemental Employment-Based Practicum Placement Application** must be completed if there is a change in supervisor, assigned tasks, or practicum hours, or when submitting the second employment-based placement, including new practicum placement details, supervisor information, and approval signatures.

SECTION 1:

Type or print legibly. Complete this application in full and submit a signed copy to your Practicum Coordinator for initial review. Final approval must be granted by the CSUSB School of Social Work, Director of Practicum Education or designee.

Student Information

Last Name, First Name (M):	
Student ID #:	
Phone:	
Alternate Phone:	
Email:	
Level of Student: <input type="checkbox"/> BASW/MSW Generalist Year <input type="checkbox"/> MSW Advanced Specialized Generalist Year	

Agency Information

Agency:
Program:
Address:
City, State, Zip:
Agency Main Phone:
Agency Email:
Agency Contact:
Contact Phone:
Contact Email:

SECTION 2:

Check the type of employment-based practicum change or request below:

- ☐ **2-year Employment-based Practicum:** Student is using their employment site during regular working hours as a practicum placement site.
- ☐ **Change in Practicum Supervisor, Schedule, or Location:** Student has a change in supervisor, practicum tasks, or practicum schedule (days/hours).

SECTION 3:

Review the general criteria for All Employment-Based Practicum Placements prior to moving forward with the application.

Employment & Practicum Schedule:

Please complete the schedule below and differentiate the hours of employment and practicum hours. This is required for all employment-based requests. For example, 8:00am-5:00pm or 12:00-5:00pm.

Day	Employment Hours	Practicum Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- **REQUIRED ATTACHMENTS:**
 - **Current Employment Job Description.**
 - **Practicum (Internship) Description** – include the following details:
 - ♣ Please detail the practicum tasks and roles or submit the job description for the role you will be learning as an intern.
 - ♣ If your practicum occurs on weekends or after regular business hours, clearly indicate **who will be supervising you during those times** including the task supervisor and point of contact. *If you have a task supervisor or preceptor, please include the name and contact person in the practicum (internship) description.
 - ♣ **Note:** Practicum hours must be **distinct and separate** from employment hours, with different responsibilities, supervision, and focus

SECTION 4:

Acknowledgement and Signatures

- ☐ **Student Acknowledgement:** I acknowledge that participating in an employment-based practicum can result in a potential loss of practicum, if the agency cannot comply with program requirements, during unforeseen circumstances, which can impact my ability to move forward in the program. I acknowledge if I lose my job or elect to leave my place of employment, I am not guaranteed a new practicum during the same academic year, which could result in a Leave of Absence. I agree with the university discussing my progress, which might relate to my employment, while participating in an

employment-based practicum. I elect to participate in an employment-based practicum in full knowledge of the inherent risks.

By our signatures below, we certify that we have reviewed and agreed to the employment-based practicum placement requirements of the CSUSB School of Social Work. We agree with, and will support, the student's practicum at the agency of employment.

Signatures must be provided by the designated authority at the agency and attest to the accuracy and validity of the attached job description and practicum description.

Signatures:

Student Signature:
Printed Name:
Date:

Agency Practicum Instructor (Supervisor) Signature:
Printed Name & Title:
Date:
Contact Phone:
Contact Email:
Credential (i.e. MSW/LCSW):

Agency Employment Supervisor Signature
Printed Name & Title:
Date:
Contact Phone:
Contact Email:

Designated Agency Authority (if different) Signature:
Printed Name & Title:
Date:
Contact Phone:
Contact Email:

☐ Approved ☐ Not Approved By: _____

Date: _____

Reason if NOT approved: _____
