



School of Social Work
Field Education Program
5500 University Parkway
San Bernardino, CA 92407
(909) 537-5265
<http://socialwork.csusb.edu>

Agency Application

INSTRUCTIONS: The Agency Application is to be completed for all new agencies and when there have been significant changes at an agency. Please email as an attachment to sw.practicum@csusb.edu.

Date:

Agency Information

Agency:	County:		
Program/Site:	Main Phone Number:		
Address:	City:	State:	Zip:
Website:			

Coordinator of Contracts/MOU's

Name:	Title:
Phone:	Email:

Agency Field Placement Coordinator / Contact

Name:	Title:
Phone:	Email:

Internship Placements

The agency will be able to offer placements to students at the following levels of preparedness. Check all levels that apply and indicate # of students for each.

BASW	MSW Foundation Level	MSW Advanced Level
<p># of students with previous experience in human services</p> <p>0-2 years _____</p> <p>3+ years _____</p>	<p># of students with previous experience in human services</p> <p>0-2 years _____</p> <p>3+ years _____</p>	<p># of students with previous experience in human services</p> <p>0-2 years _____</p> <p>3+ years _____</p>

Please identify the professional social workers (must have an MSW) employed by your agency (regardless of their work site location) who are available, qualified, and willing to provide field instruction to the social work students who will be placed in your agency. Please attach an additional sheet if necessary.

Practicum Instructor Name	Phone	Date Received MSW Degree	Onsite?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Note: Field instructors listed on this application must complete the [Field Instructor Information Form](#) if they have not done so already.

If there are no professional social workers available, is your agency willing to a) find and sign an agreement with a professional social worker outside your agency to provide on-site field instruction to a student(s) and b) designate a staff person(s) (task supervisor) who will provide daily on-site task supervision and monitoring to the student(s)? Yes No

Preceptor Name	Phone

Agency Profile

- Sector (Check only one) Non-Profit For-Profit Public/Government Educational Institution
- Is your agency able to offer a stipend for students? Yes No
If yes, please check appropriate box: 1st Year 2nd Year BASW MSW
- Does agency require home visits? Yes No
- Does agency require students to have a vehicle for placement related duties? Yes No
- Does the agency require fingerprints and/or background check? Yes No
- Does the agency require health check and/or vaccinations? Yes No
If yes, please specify:
- Does the agency bill for third-party payments including Medi-Cal? Yes No
- Does the agency prefer bilingual students to perform client services? Yes No
If yes, specify language preferred:
- Does the agency offer evening and/or weekend hours for intern placement? Yes No
- Does the agency require an early start for training purposes? Yes No

Note: Students begin placement in late August

Agency Clientele

Check ethnic majority of the agency's client population.

African American
Asian/Pacific Islander
Caucasian
Latino
Native American
Other (Specify)

Check the primary populations served by the agency.

Children
Adolescents
Adult Men
Adult Women
Older Adults
Families
Couples
Disabled
Immigrant
Lesbian, Gay, Bisexual, Transgender (LGBT)
Other (Specify)

Agency Practice Areas

Child Welfare (CPS, foster care, adoptions, etc.)
Mental Health
Health or Medical
School-Based
Disability or Rehabilitation
Criminal Justice, Corrections or Probation
Welfare, Employment Assistance or Social Services

Cultural or Immigrant Services
Alcohol, Drug or Substance Abuse
Aging or Gerontology
Homelessness or Poverty
Social Justice
Victim Services
Other (Specify)

Agency Internship Learning Activities

Check all areas where the student will gain experience.

Groups
Psychosocial Assessment
Crisis Intervention
Diagnostic Assessment
Short Term Intervention
Long Term Intervention

Information & Referral
Community Networking Linkages
Advocacy
Case Management
Inter/Multidisciplinary Meetings
Discharge Planning

Please email form to sw.practicum@csusb.edu and feel free to reach out if you have any questions on the form or partnership process.