



**School of Social Work
Practicum Education Program
5500 University Pkwy
San Bernardino, CA 92407
Phone:(909)537-5501**
<http://socialwork.csusb.edu>

Practicum Instructor Information Form

INSTRUCTIONS: This form is to be completed by all Practicum Instructors. Please sign, attach resume, and submit to sw.practicum@csusb.edu.

Please complete the following information:

Section 1: Practicum Instructor Contact Information

Last Name:	First Name:	MI:	
Agency:			
Program/Site:			
Address:	City:	State:	Zip:
Work Phone:	Alt Phone:	Email:	

Section 2: Education

Institution	Professional Degree	Date Degree Received

Section 3: Other Credentials/Licenses

Please check all that apply. Practicum Instructors are required to have a minimum of 2 years of experience post MSW degree.

LCSW #	Year Received	LMFT	Year Received	ACSW	Year Received
PPSC	Year Received		Other (Please Specify)		Year Received

Section 4: Social Work Experience

If your resume is attached, skip Section 4 and complete Section 5.

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		

Section 5: BASW/MSW Student Supervisory (Practicum Instructor) Experience

Name and Location of Agency Where Supervised Student		
From which University	# Years	Last Date Supervised
Name and Location of Agency Where Supervised Student		
From which University	# Years	Last Date Supervised
Name and Location of Agency Where Supervised Student		
From which University	# Years	Last Date Supervised
Name and Location of Agency Where Supervised Student		
From which University	# Years	Last Date Supervised

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

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

Section 6: Practicum Instructor Training

I have provided practicum instruction to BASW and/or MSW student(s) within the past 5 years.

I have taken the 8-hour practicum instructor training from an accredited Social Work program within the Southern California Schools of Social Work.

If YES, please list the university and date. [Attach a copy of the Certificate of Completion.](#)

I have taken the 8-hour practicum instructor training from an accredited Social Work program outside the Southern California Schools of Social Work

If YES, please list the university and date. [Attach a copy of the Certificate of Completion.](#)

Print Last Name: _____ **First Name:** _____

Signature: _____ **Date:** _____

I understand that by typing my name in the signature field above it will be accepted as my valid signature.

Please submit your resume and Certificate of Completion to sw.practicum@csusb.edu