



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 submit the completed form with resume and training certification via email to the practicum coordinator with whom you have been working.

### 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 move to 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.

**Reminder: Please submit the completed form with resume and training certification.**