

WKU AGENCY/FIELD INSTRUCTOR APPLICATION DEPARTMENT OF SOCIAL WORK (Complete and Submit Only Once)

You are requested to complete the following profile to represent your professional credentials. This will assist the Department of Social Work in verifying your qualifications for field instruction. Thank you very much for your willingness to help educate future social workers.

| NAME: | EMAIL: |
|---|---|
| AGENCY: | |
| ADDRESS: | |
| PRIMARY PHONE: | ALTERNATE PHONE: |
| SOCIAL WORK EDUCATION: DSW LCSW | CSW MSW BSW |
| University/Degree: | Graduation Date: |
| University/Degree: | Graduation Date: |
| niversity/Degree: | Graduation Date: |
| ARE YOU LICENSED? Yes No | (If so,) State/License Number |
| ARE YOU EXEMPT? Yes No | |
| Years of Experience Post-BSW: Years of Experience Post-MSW: | |
| Your signature below affirms your intention to provide direct supervision for the social work students, and to fulfill the following: | |
| feedback and to act as a role model to help the social worker. | ency and its policies and procedures. In which reflects the learning opportunities and Formal supervision in order to provide the student with student better understand the role of the professional mator in evaluation of the student's performance in the ct, field logs, evaluations, etc. |
| | · |
| Signature: | Date: |

Please send this form and a copy of your resume and transcript/or license to:

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