**ALBANY STATE UNIVERSITY**

***MASTER OF SOCIAL WORK PROGRAM***

**MSW FIELD INSTRUCTOR PROFILE**

*Please complete the MSW Field Instructor Profile below. Your profile will be kept on file and will assist the Office of MSW Field Education in placing students with agencies that meet their educational and professional goals. Please advise us of any changes.*

***PLEASE TYPE OR PRINT CLEARLY.***

|  |  |  |
| --- | --- | --- |
| **Date:** | **Title (Please Circle):** | **First Name MI Last Name** |
| **Mr.** | **Ms.** | **Mrs** | **Dr.** |
| ***Agency Information*** |
| **Agency Name:** |
| **Department (If Applicable):** | **Program Name (If Applicable):** |
| **Position:** | **# of Years in Current Position:** | **# of Years in Agency:** |
| **Address Line 1:** | **Address Line 2:** |
| **City:** | **State:** | **Zip Code:** | **County:** |
| **Business Telephone Number:** | **Extension:**  | **Cell Telephone Number:** |
| **FAX Number:** | **Email Address:** |
| **What is your primary area or specialization in social work practice (e.g., public child welfare, schools, chemical dependency, gerontology, juvenile justice, military, family therapy, case management, mental health, etc.):** |
| ***Education*** |
|  | **College/University Attended** |  **From** | **To** |  **Major** |  **Degree** |
| **Undergraduate** |  |  |  |  |  |
| **Graduate** |  |  |  |  |  |
| **Post-Graduate****(If applicable)** |  |  |  |  |  |
| **Licensures (LMSW, LCSW, LSW, CADC, AAMFT, etc.):****License and #:**  **State:** | **Second Licensure (if applicable)****License and #:****State:** |
| **Institutes or other advanced work completed (Please give dates and a description):** |
| **Professional Memberships:** |
| ***Previous Employment******List Most Recent First*** |
|  |  **Agency** |  **Title/Position**  |  **To** | **From** |  **Specialization or Field of Practice** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| ***Field Instruction Experience***  |
| **Have you been a Field Instructor for BSW or MSW students? \_\_\_ No \_\_\_ Yes, BSW Students** **\_\_\_ Yes, MSW Students** |
| **If you have been a Field Instructor previously, please complete the information below:** |
| **Name of University** | **BSW** | **MSW** |
|  **To** | **From** |  **To** | **From** | **Clinical** | **Administration** |  **Community****Development** | **Advanced****Generalist** |
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| ***Field Instruction Trainings and Workshops*** |
| **Have you attended field instruction training programs? \_\_\_\_\_ No \_\_\_\_\_ Yes (If so, please complete):** |
|  **College/University** |  **Topic of Field Instruction Training** |  **Date Completed** |
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***Signature Date***

***Please return this form, along with your current resume, to the MSW Field Program/CMH 336, Albany State University, 504 College Drive, Albany, GA 31705. Thank you very much for your interest and support of our MSW Program.***