



**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.**

<b>Date:</b>	<b>Title (Please Circle):</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>Mr.</span> <span>Ms.</span> <span>Mrs.</span> <span>Dr.</span> </div>			
<b><i>Agency Information</i></b>				
<b>Agency Name:</b>				
<b>Department (If Applicable):</b>		<b>Program Name (If Applicable):</b>		
<b>Position:</b>		<b># of Years in Current Position:</b>		<b># of Years in Agency:</b>
<b>Address Line 1:</b>		<b>Address Line 2:</b>		
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Business Telephone Number:</b>		<b>Extension:</b>		<b>Cell Telephone Number:</b>
<b>FAX Number:</b>		<b>Email Address:</b>		
<b>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.):</b>				
<b><i>Education</i></b>				
	<b>College/University Attended</b>	<b>From</b>	<b>To</b>	<b>Major</b>
				<b>Degree</b>
<b>Undergraduate</b>				
<b>Graduate</b>				
<b>Post-Graduate (If applicable)</b>				
<b>Licensures (LMSW, LCSW, LSW, CADC, AAMFT, etc.):</b>			<b>Second Licensure (if applicable)</b>	
<b>License and #:</b>			<b>License and #:</b>	
<b>State:</b>			<b>State:</b>	
<b>Institutes or other advanced work completed (Please give dates and a description):</b>				

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

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

*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.*