



DEPARTMENT OF SOCIAL WORK

**BACHELOR OF SOCIAL WORK PROGRAM
BSW FIELD INSTRUCTOR PROFILE**

Please complete the BSW Field Instructor Profile below. Your profile will be kept on file and will assist the Office of BSW 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)					

