

## Field Instructor / Agency Supervisor Profile Form

Date: \_\_\_\_\_

\_\_\_\_\_  
Last name First name Male Female

\_\_\_\_\_  
Email Address Phone

\_\_\_\_\_  
Agency Name Address City Zip Work Phone

### Degrees:

- BA \_\_\_\_\_  
Year College/University Degree/Specialization
- MSW \_\_\_\_\_  
Year College/University Degree/Specialization
- Other \_\_\_\_\_  
\_\_\_\_\_ Year College/University Degree/Specialization

**Licenses:**  LCSW \_\_\_\_\_ Year  PPS \_\_\_\_\_ Year  Other \_\_\_\_\_ Yr. /License (LMFT, etc.)

### Employment/Experience:

\_\_\_\_\_  
Present Position Agency

\_\_\_\_\_  
Period of Employment Name and Title of Immediate Supervisor

### Other previous practice positions (continue on back or attach resume)

**Volunteer/Community Experience/Professional Organizations/Service to the University**

**Field Work Instruction/Experience:**

No, I do not have field instruction experience.

Yes, I do have field instruction experience.

Number of Years: \_\_\_\_\_

Average Number of Students: \_\_\_\_\_

Specify Discipline (Social Work, LMFT, etc.): \_\_\_\_\_

I understand that to be certified as a field instructor, it is required for me to complete the department's On-line Field Instructor training prior to the supervising an intern. The training can be accessed at: <http://www.fresnostate.edu/chhs/social-work/field-instructor/index.html>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:**  
Department of Social Work Education  
Attn: Field Office  
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**Fax:** 559-278-7191