Agency/Field Instructor Information

(Student: Please complete and return to Seminar Instructor)

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Date:       Student WIN:

Student level (check one): [ ]  BSW [ ]  MSW Clinical [ ]  MSW Generalist

**Student Name**:

Student Phone Number: (     )       Washburn Email:       @washburn.edu

Seminar Instructor Name:

Full Name of Agency:

Department within Agency:

Agency Mailing Address:

City/State/Zip:

**Field Instructor** **Name**:

License (check one): [ ]  LBSW [ ]  LMSW [ ]  LSCSW [ ]  Other

Phone Number: (     )       Ext:

Email Address:

Mailing Address (if different from address above):

City/State/Zip:

Supervision Day and Time:

Do you have a Taskstream account?

**Preceptor** **Name**:

License (check one): [ ]  LBSW [ ]  LMSW [ ]  LSCSW [ ]  Other

Phone Number: (     )       Ext:

Email Address:

Mailing Address:

City/State/Zip:

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