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Field Instructor’s Profile

**(Please Save to your computer, then type information into form fields and check boxes;**

**fields will expand to hold your text.)**

1. **Name:**

2. **Primary phone number with area code:**

3. **Secondary phone number with area code:**

4. **Email address:**

1. **Fax number:**
2. **Name of your agency (and department or programs if appropriate):**
3. **Mailing address of your agency:**
4. **Location of your agency (if different from mailing address):**
5. **Preferred address for training notices and/or CEUS:** [ ]  **AGENCY or**
6. **How long have you served as a field instructor?**

[ ] This will be my first time [ ]  less than 1 year [ ]  1-4 years

[ ]  5-9 years [ ]  10+ years

1. **The Kansas Law requires that all field instructors hold a current Kansas social work license. What level of Kansas license do you currently hold?**

[ ] BSW [ ]  MSW [ ]  LSCSW [ ] Other

License #       Expiration Date:

1. **What level students do you supervise?** [ ] BSW [ ]  MSW 1st year [ ]  MSW 2nd year

13. **What is your educational background?**

[ ]  **Bachelor's Degree** Year:       University:       Major:

[ ]  **Master's Degree** Year:       University:       Area of study:

1. **Are you interested in attending future training sessions for field instructors?**

 [ ]  Yes [ ]  No

If yes, please indicate best day of week for training sessions:

15. **Topics of interest to you at Practicum training sessions:**

Submitted by

(Signature)

Date:

**Please complete the Field Instructor Profile form, then print, sign and date, and return to:**

Director of Field Practicum

Department of Social Work

Washburn University

1700 SW College Ave

Topeka, KS 66621

785-670-1616