

## Agency/Field Instructor Information

(Student: Please complete fully and return to Seminar Instructor/Liaison)

Student Name: \_\_\_\_\_

Student Phone Number: (\_\_\_\_)\_\_\_\_\_

Seminar Instructor Name: \_\_\_\_\_

Full Name of Agency: \_\_\_\_\_

Department within Agency: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Field Instructor: \_\_\_\_\_

Field Instructor license (check one): LBSW\_\_\_\_ LMSW\_\_\_\_ LSCSW\_\_\_\_

Field Instructor Phone Number: (\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_

Field Instructor Email Address: \_\_\_\_\_

Field Instructor Mailing Address (if different from address above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervision Day and Time: \_\_\_\_\_

Supervision/Site Visit Location (if different from address above):

\_\_\_\_\_

\_\_\_\_\_