

Department of Social Work Washburn University

Student Name _____ Student Name _____

FIELD INSTRUCTOR'S PROFILE

1. Name _____
2. Primary Phone Number _____
3. Secondary Phone Number _____
4. Email Address _____
5. Fax Number _____
6. Name of Your Agency (and department or programs if appropriate)

7. Mailing Address of Your Agency:

8. Location of Your Agency (if different from mailing address):

9. Preferred Address for Training Notices and/or CEUS: AGENCY or

10. 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
11. 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: _____
12. What level students do you supervise? BSW MSW 1st year MSW 2nd year

[please turn to the other side of this page]

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

Bachelor's Degree _____ **Year** _____

University _____

Major _____

Master's Degree _____ **Year** _____

University _____

Area of Study _____

14. **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 return this form to:
Director of Field Practicum, Department of Social Work
Washburn University
1700 College
Topeka, KS 66621
(785) 231-1010 Ext. 1616