**WEST CHESTER UNIVERSITY - DEPARTMENT OF SOCIAL WORK**

**PRACTICUM INSTRUCTOR APPLICATION**

**Name:** First Name Last Name

**Title/Position:** Title/Position

**Work Phone:** Work Phone **Other Phone:** Other Phone

**E-mail Address:** Email Address

Starting with the MOST RECENT, list degrees received:

|  |  |  |
| --- | --- | --- |
| **Degree** | **College/University** | **Year Graduated** |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |

List Licenses and Certificates received:

|  |  |  |
| --- | --- | --- |
| **License/Certificate** | **Issue by** | **Year Issued** |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |

**Name of Site Agency and Department:** Name of Site Agency - Name of Department

**Site Address:** Street Address, City, State Zip

**Relevant Social Work Experience:**

1. Do you have 2 or more years work experience in social work since the completion of your degree from an accredited social work program?  Yes  No

2. If no, how many years prior to the completion of the degree indicated above have you worked in social services? Enter number of years years.

3. Have you previously attended SIFI (Seminars in Field Instruction) at West Chester University or another institution?  Yes  No

**Tell us about your agency! Please check all that apply.**

Population (Please select all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| 0 – 12 years | 13-21 years | 22-64 years | 65+ years |

Practice Area (Please select all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Advocacy | Crisis Intervention | Information and  Referral/Basic Services | Prevention Education |
| Case Management | Family Work | Mentoring | Program Development |
| Clinical Practice | Grant Writing/Funding | Outreach/Prevention | Program Evaluation |
| Community Practice | Group Work | Policy Practice | Research |

Setting Type (Please select all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adoption / Foster Care | Corporate | Intellectual and Developmental Disability | Protective Services | Other: Other |
| After-School Program | Domestic/Family  Violence | Immigration / Refugee | School | Other: Other |
| Behavioral Health | Family Services | Legal Services | Senior Services | Other: Other |
| Child Advocacy | Global/International | LGBTQIA+ Services | Short-term Care Facility | Other: Other |
| College Counseling | Grief / Bereavement | Long-term/Residential Care Facility | Substance Use Disorders | Other: Other |
| Community Center | Health Care (Hospital, Hospice/Palliative Care, Family Practice, Health Clinic, Home Care) | Neurodivergent | Veterans Services | Other: Other |
| Community Center | Housing | Prison/ Re-Entry/ Restorative Justice | Wellness | Other: Other |

Please indicate which of the following apply for this practicum setting (Please check all that apply):

|  |  |  |
| --- | --- | --- |
| Car Required | Weekend Hours Available | Other: Please list requirements not already listed |
| Competitive Interview | Transporting Clients | Other: Please list requirements not already listed |
| Proficiency in a Language(s) other than English: List Languages | Milage Reimbursement | Other: Please list requirements not already listed |
| Pre-semester orientation | Stipend Provided | Other: Please list requirements not already listed |
| Evening Hours Available | Drug Screening | Other: Please list requirements not already listed |

Thank you for your partnership with West Chester University in developing the next generation of social workers!

\*\*CSWE policies requires that we verify your degree. Please attach a copy of your current resume\*\*

Electronic Signature: First Name Last Name Date submitted: Date.