

FIELD INSTRUCTOR APPLICATION

				Date:
ast Name:	First Name:		Middle Initial:	
mail:		Cell Phone:	l	
1SW Degree Year Granted:	MSW Degree Institution	:		
Other Graduate Degrees:	Other Degree Institution	n:		
Professional Credentials (ACSW, BCD, LMFT, etc.):				
Check the practice method(s) and practice area(s) in which you are best prepared to provide field instruction:				
Practice Methods Practice Areas				
Community Organization Aging in Families & Society				
Interpersonal Pro		n Families & Society		
Management of	Community & So	•		
Social Policy & E	Health	iciai systems		
Social Policy & E	=			
	L	Mental Health		
Agency/Program name & address where mail for you can be directed:		Work Phone:		
		Work Fax:		
icense Information:		State:	License Perm ID#	
		Issue Date:	Expiration Date:	
Please submit this completed application, <u>a current resume</u> for approval as an Andrews University Department of Social Work field Instructor. Please contact <u>sowkfield@andrews.edu</u> with questions.				
My signature below indicates that:				
I will complete a Field Instructor Orientation and training and/or consult with my assigned Field Liaison				
I will provide at least one hour per week (minimum) of scheduled supervision to my assigned student(s)				
I am familiar with the malpractice and safety policies for students as described in the Field Manual				
(http://www.andrews.edu/cas/socialwork/field/field_manual_highlights_updated_8-9-13.pdf)				
I agree to assist my student in developing their Learning Plans and will complete the evaluation protocol				
I will abide by the National Association of Social Workers Code of Ethics				
(http://www.socialworkers.org/pubs/code/default.asp)				
 I will abide by the Andrews University non-discrimination statement as follows: 				
"Andrews University is commi faculty, staff, student and alu benefits, promotions and em background, country of origing gender, sexual orientation or p	umni relations. All person nployee discipline, are a n, age, sex, height, weig	nnel policies, includ dministered witho	ding all matters affout ut regard to race,	ecting compensation, color, creed, ethnic
Signaturo		Data		
Signature:		Date:		