

School of Social Work
Practicum Education Program
5500 University Pkwy
San Bernardino, CA 92407
Phone:(909)537-5501

http://socialwork.csusb.edu

# Practicum Instructor Information Form

MI:

<u>INSTRUCTIONS</u>: This form is to be completed by all Practicum Instructors. If you have Adobe Pro DC, please sign, attach resume, and submit. If your application does not support these options, complete form, SAVE and email as an attachment with your resume to Jolynne.Morgan@csusb.edu.

First Name:

Please complete the following information:

Last Name:
Agency:
Program/Site:

#### Section 1: Practicum Instructor Contact Information

<i>o</i> ,				
Address:		City:	State:	Zip:
Work Phone:	Alt Phone:		Email:	
Section 2: Education				
Institution		Professional Degree		e Degree eceived

## **Section 3: Other Credentials/Licenses**

Please check all that apply. Practicum Instructors are required to have a minimum of 2 years of experience post MSW degree.

LCSW #	Year Received	LMFT Year Received	ACSW	Year Received
PPSC	Year Received	Other (Please Specify)		Year Received

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#### **Section 4: Social Work Experience**

If your resume is attached, skip Section 4 and move to Section 5.

Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		
Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		
Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		

# Section 5: BASW/MSW Student Supervisory (Practicum Instructor) Experience

Name and Location of Agency Where Supervised Student		
From which University	# Years	Last Date Supervised
Name and Location of Agency Where Supervised Student		<u> </u>
From which University	# Years	Last Date Supervised
Name and Location of Agency Where Supervised Student		
From which University	# Years	Last Date Supervised
Name and Location of Agency Where Supervised Student		
From which University	# Years	Last Date Supervised

<u>Discuss practice models, theories & techniques you commonly use in your practice</u>

Discuss training, teaching style & the activities you will use in working with students

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## **Section 6: Practicum Instructor Training**

I have taken the 8-hour practic Southern California Schools of S	im instructor training from an accredited Social Work program within the ocial Work.
If YES, please list the ur	versity and date.
I have taken the 8-hour practic Southern California Schools of	——————————————————————————————————————
If YES, please list the univ	ersity and date. Attach a copy of the Certificate of Completion.
Print Last Name:	First Name:
Signature:	Date:
I understand that by typing my nan	e in the signature field above it will be accepted as my valid signature.

I have provided practicum instruction to BASW and/or MSW student(s) within the past 5 years.

To confirm resume is attached click small arrow in gray scrollbar to the left and click on paperclip symbol. If your application

does not support the attached resume option with Adobe Pro, please see instructions on page 1.

Once submitted, you will receive confirmation that your form has been received. If your application does not support the submit option with Adobe Pro, please see instructions on page 1.

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