

This form is intended for those field Instructors who have not instructed for three or more years and/or who have changed agencies.

Date _____

UNIVERSITY OF UTAH
COLLEGE OF SOCIAL WORK
UPDATE FIELD INSTRUCTOR APPLICATION

Name: _____ Cell Phone #: _____

Home Address: _____ City/State _____ Zip Code _____

Work email: _____

Citizen of U.S.: YES NO Permanent Res. Are you Hispanic or Latino? YES NO

What is your race? Select one or more: American Indian or Alaska Native Black or African American
 Native Hawaiian or Pacific Islander Asian White

Check program for which you are applying to become a field instructor: M.S.W. B.S.W. S.U.D.C.

License number(s) and expiration date(s) for the following Social Work License(s) you hold:

L.C.S.W.# _____ Exp. Date _____ C.S.W.# _____ Exp. Date _____

S.S.W.# _____ Exp. Date _____ S.U.D.C.# _____ Exp. Date _____

A.S.U.D.C.# _____ Exp. Date _____ C.M.H.C.# _____ Exp. Date _____

L.M.F.T# _____ Exp. Date _____ Psychologist# _____ Exp. Date _____

I. AGENCY CURRENTLY APPLYING TO BE A FIELD INSTRUCTOR FOR:

A. Agency: _____ Are you under a Contract? YES NO

B. Address: _____ City/State _____

Zip _____ Phone _____

C. Position Title: _____

D. Employment from (Date): _____

E. Area of practice expertise: _____

F. Employment Status: Full Time Part Time # OF HOURS PER WEEK IN AGENCY _____

G. Responsibility for supervision of staff: YES NO _____ #

H. Name and title of immediate supervisor: _____

I. Name of agency administrator/director: _____

II. PROFESSIONAL ORGANIZATION AFFILIATIONS (memberships, participation, and leadership positions), PUBLICATIONS OR PRESENTATIONS, LOCAL AND NATIONAL RECOGNITION, HONORS AND AWARDS:

SIGNATURE

TITLE OF FIELD INSTRUCTOR APPLICANT

DATE