



Department of Social Work
P.O. Box 3619
Monticello, AR 71656
(870) 460-1747 / FAX (870) 460-1188

**UNIVERSITY OF ARKANSAS AT MONTICELLO
DEPARTMENT OF SOCIAL WORK**

Field Instructor/Task Supervisor Data Sheet

Name: _____ Date: _____

Agency Name: _____

Agency Address: _____

Phone: _____ Fax: _____

E-Mail: _____

EDUCATIONAL BACKGROUND

College Attended: _____

Degree Received: _____

Major: _____ Year Graduated: _____

College Attended: _____

Degree Received: _____

Major: _____ Year Graduated: _____

College Attended: _____

Degree Received: _____

Major: _____ Year Graduated: _____



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EMPLOYMENT BACKGROUND

Please list employment history in social work, beginning with most recent:

Agency: _____ Position: _____

Dates of Employment: _____ to _____

Agency: _____ Position: _____

Dates of Employment: _____ to _____

Agency: _____ Position: _____

Dates of Employment: _____ to _____

Agency: _____ Position: _____

Dates of Employment: _____ to _____

PROFESSIONAL LICENSE AND MEMBERSHIPS

Please indicate your professional license & number and other professional credentials:

Note: A license is not **required to be a Field Instructor. However, we would like to know what license(s) you hold.*

_____ LSW: # _____ _____ LCSW: # _____

_____ LMSW: # _____ _____ Member of NASW

Other: _____

Please describe your commitment to providing social work education, supervision, including what support will be provided by the agency:



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I verify that the stated information is accurate and complete.

Field Instructor/Task Supervisor Signature

Date

Based on the information provided, this employee meets the qualifications of a:

_____ Field Instructor or Task Supervisor

_____ Task Supervisor or Designee

Social Work Field Education Director Signature

Date