



Department of Social Work
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**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: _____

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:

I verify that the stated information is accurate and complete.

Field Instructor Signature

Date