

# WESTERN MICHIGAN UNIVERSITY

School Of Social Work  
Office of Field Education

1903 West Michigan Ave. Kalamazoo, MI 49008-5354

Phone: 269-387-3206 Fax: 269-387-3183 Email: [swrk-field@wmich.edu](mailto:swrk-field@wmich.edu)

## FIELD INSTRUCTOR CREDENTIAL FORM

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ How long? \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
(if different)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Ethnicity Codes:** (This information will be used for statistical and accreditation purposes.)

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|---|--|--|
| <input type="checkbox"/> African American (1)               | <input type="checkbox"/> Caucasian (2)       | <input type="checkbox"/> Hispanic (3)                        |
| <input type="checkbox"/> Asian (4)                          | <input type="checkbox"/> Native American (5) | <input type="checkbox"/> Other Hispanic (Please specify) (6) |
| <input type="checkbox"/> International (Please specify) (7) |  |  |

<b>Professional Certifications:</b> Please check the most current and provide year certified.	<b>Year Certified/ Licensed</b>
<input type="checkbox"/> ACSW (1)	
<input type="checkbox"/> Licensed Master's Social Worker (2)	
<input type="checkbox"/> Licensed Bachelor's Social Worker (3)	
<input type="checkbox"/> Limited Master's of Social Work License (4)	
<input type="checkbox"/> Limited Bachelor's of Social Work License (5)	
<input type="checkbox"/> Other (6)	

<b>Field Instructor Experience:</b> Please specify the number of years you have supervised a student at each level.	<b>Number of Years</b>
<input type="checkbox"/> BSW Student	
<input type="checkbox"/> MSW 1 <sup>st</sup> Year Student	
<input type="checkbox"/> MSW 2 <sup>nd</sup> Year Student	

**Professional Experience:** Please specify number of years:

Post Bachelors / Years: \_\_\_\_\_ Post Masters / Years: \_\_\_\_\_

- Check the method(s) that you are best prepared to provide field instruction in:**
- |  |   |
|--|---|
| <input type="checkbox"/> Interpersonal Practice/Clinical | <input type="checkbox"/> Policy, Planning, & Administration |
|--|---|

**OVER**

**Education: Please indicate all that apply.**

<b>Degree</b>	<b>College/University</b>	<b>Year Graduated</b>	<b>Major/Specialization</b>
Bachelor's Degree			
Masters of Social Work			
Other Graduate Degree			
Doctoral Studies			

**Please list current professional memberships and specify year joined.**

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**Please list additional supervisory experience and appropriate years:**

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**Please attach a copy of your most recent resume, state certification/license and any additional special certificates/credentials.**

If you have any questions, please contact the Office of Field Education at (269) 387-3206 or e-mail us at [swrk-field@wmich.edu](mailto:swrk-field@wmich.edu). You can also check the office website page at: <http://www.wmich.edu/~hhs-sw/field/field.htm>