C.W. POST SOCIAL WORK DEPARTMENT
FIELD INSTRUCTOR’S EXPERIENCE OUTLINE

I. Name_________________________________ Date: _______________

Agency Name________________________________

Agency Phone_______________________________

Agency Address_____________________________

Title in Agency________________________________

Home (or Cell) Telephone________________________

II. Graduate School Education:

a. School Attended___________________________

b. Area of Study____________________________

c. Degree_______________ Date conferred___________

c. List Post-MSW Education in Social Work

III. Professional Social Work Experience:

A. Current dates ________________

   Organization _______________________________

   Title ____________________________

B. Prior (list chronologically):

   Dates ____________________________

   Organization ______________________________

   Title ____________________________

   Dates ____________________________

   Organization ______________________________

   Title ____________________________

   Dates ____________________________

   Organization ______________________________

   Title ____________________________
IV. Licenses Held:  LMSW _______  LCSW _______

Please indicate license # (s): ____________________

V. Seminar for New Field Instructors – SIFI
(Required during the first year as a Field Instructor)

Academic Year _______ School ____________________

Instructor___________________

VI. Field Education Experience:
Experience as a Field Instructor/No. of Students Supervised

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<th>Acad. Yr.</th>
<th>Agency</th>
<th>School</th>
<th>BSW</th>
<th>MSW 1st Yr.</th>
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VII. Demographics: (Optional)

Gender_______________ Age ______

Racial/Ethnic Identity__________________

VIII. Languages other than English: ________________________________

Office Use Only

Academic Year___________Student ____________________

Name________________________Program___________