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

I.	Name	Date:			
	Agoncy Namo				
	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				
	OrganizationTitle				
	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 (Required during			r)	
	Academic Year _	Schoo	I		
	Instructor		-		
VI.	Field Education Ex Experience as a Fie Acad. Yr. Agen	ld Instructor/No. of	Students Supervised BSW	i MSW 1st Yr.	MSW 2nd Yr
VII. I	Demographics: (Op	tional)			
	Gender	Age			
	Racial/Ethnic Ide	ntity			
VIII.	Languages other t	han English:			_
	e Use Only lemic Year	Student			
Nam	e	Pro	gram		