



Department of Social Work
Field Instructor Information Sheet

Field Instructor Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_
Number and street/P.O. Box

City State Zip

Agency Phone #: \_\_\_\_\_ Agency Fax #: \_\_\_\_\_

Field Instructor E-mail Address: \_\_\_\_\_

Field Instructor Current Title: \_\_\_\_\_

Current Professional Responsibilities: \_\_\_\_\_

How many years of experience:

In this position: \_\_\_\_\_

At this agency: \_\_\_\_\_

Direct Service Worker \_\_\_\_\_

Educator \_\_\_\_\_

Supervisor \_\_\_\_\_

Field Instructor \_\_\_\_\_

Administrator \_\_\_\_\_

Other \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Year Received: \_\_\_\_\_

University Granting Degree: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Year Received: \_\_\_\_\_

University Granting Degree: \_\_\_\_\_

License held in Michigan:

- LLBSW
LBSW
LLMSW
LMSW
Other

License #: \_\_\_\_\_

Expires: \_\_\_\_\_

Please return to:
Assistant to the Field Director
swfield@svsu.edu

PLEASE ATTACH
RESUME