

**Field Education Program
Application for Agency Participation**

PLEASE INDICATE: New Site Renewal Site

1. Agency Information:

Agency Name:

Department:

Address of Agency:

City County State/Province Zip/Postal Code

Business Phone Business Fax Web Site Address

Agency Director/Administrator: First Name Last Name

2. Contact Person:

First Name <input type="text"/>	Last Name <input type="text"/>
Agency Position: <input type="text"/>	
Telephone <input type="text"/>	Ext. <input type="text"/> Email Address: <input type="text"/>

3. Staff Members Who Will Serve as Field Instructors: Field Instructors **MUST** have a MSW degree and be a Licensed Masters Social Worker (LMSW). Those Who want to serve as a task supervisor do not need such credentials and may provide daily supervision; however, a MSW degree holder with a LMSW must provide one hour of weekly supervision to the student(s).

First Name	Last Name	E-mail	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. How many students can your agency accommodate?

Please indicate the total number of students. _____

How would you distribute your students across the curricular years?

BSW Seniors

September - April or
May - December
16 Hours per week

BSW WOW Seniors*

January - April
32 Hours per week
*Where Online Works, our
online BSW program

MSW Foundation Year

September - April
16 Hours per week

MSW Advanced Year

September - April
16 Hours per week or
24 hours per week

Additional Comments

5. Concentration Area(s) Agency Fits (Please check all that apply).

Innovation in Community, Policy & Leadership

- Community Building/Development
- Policy
- Leadership

Interpersonal Practice

- Child Welfare/Families
- Aging/Gerontology
- Health Care
- Schools
- Mental Health (Inpatient)
- Mental Health (Outpatient)
- Developmental Disabilities
- Substance Abuse
- Adoption/Foster Care
- Other

6. Populations Served: Please check all that apply.

- Infants/Preschool
- Children
- Adolescents
- Young Adults
- Adults
- Elderly
- Other

7. Agency Hours for Student Field Placement: Please provide the hours of operation in which a student can perform field placement tasks at the agency.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

From AM To PM

7. **Agency Hours for Student Field Placement:** (continued)

Can you accommodate students during evening and/or weekend hours?

Yes No

Other comments regarding hours:

8. **Are interns required to participate in any training sessions?** Please describe the time commitment below:

9. **Does your agency have additional requirements for interns?** If so, please indicate whether the requirement is an agency expense or a student expense:

TB Testing: Agency Expense Student Expense

Background Check: Agency Expense Student Expense

Finger Printing: Agency Expense Student Expense

Other: Please provide any additional requirements for students.

9. **Financial Stipends:** Please check one for each corresponding question, if applicable.

Does the agency provide financial stipends?

Yes No

Please indicate the dollar amount of the stipend: \$

Please indicate any specific requirements and/or conditions:

10. Narratives: Please respond in the corresponding space provided.

What experiences will your agency provide to an intern? Include the type of assignments, the population, and any other relevant details.

Other: Please provide any relevant agency changes within the past 2 years or since the last agency application for field placement was submitted.

Signature:

Date:

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