

**Field Education Program  
Application for Agency Participation**

PLEASE INDICATE:  New Site  Renewal Site  Update for Site

**1. Agency Information:**

Agency Name:

Department:

Address of Agency:

City  State/Province  Zip/Postal Code

Business Phone  Business Fax  Web Site Address

Agency Director/Administrator: First Name  Last Name

Please indicate in the space provided any name changes the agency has undergone within the past 2 years or since the last agency application for field placement was submitted.

**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 <input type="text"/> | Last Name <input type="text"/> | License Number <input type="text"/> |
| First Name <input type="text"/> | Last Name <input type="text"/> | License Number <input type="text"/> |
| First Name <input type="text"/> | Last Name <input type="text"/> | License Number <input type="text"/> |

4. **Field Placement Opportunities for Undergraduate and Graduate Students:** Please specify in the corresponding box provided the number of students of each curricular level the agency is able to facilitate.

Are you able to offer a block placement to BSW Senior Year students? (A block placement consists of 4 days per week for 8 hours each day. The student will be in field for 32 hours per week for one term, January to April).  Yes  No

**UNDERGRADUATE STUDENTS (BSW) Total:** \_\_\_\_\_

|                |                                       |                                  |                                       |
|----------------|---------------------------------------|----------------------------------|---------------------------------------|
| <b>Seniors</b> | <b>Number</b><br><input type="text"/> | <b>Seniors (Block Placement)</b> | <b>Number</b><br><input type="text"/> |
|----------------|---------------------------------------|----------------------------------|---------------------------------------|

**GRADUATE STUDENTS (MSW) Total:** \_\_\_\_\_

|                                 |                                       |                               |                                       |
|---------------------------------|---------------------------------------|-------------------------------|---------------------------------------|
| <b>First Year (Foundation):</b> | <b>Number</b><br><input type="text"/> | <b>Second Year (Advanced)</b> | <b>Number</b><br><input type="text"/> |
|---------------------------------|---------------------------------------|-------------------------------|---------------------------------------|

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Innovation in Community, Policy & Leadership | <input type="checkbox"/> Interpersonal Practice     |   |
| <input type="checkbox"/> Community Building/Development               | <input type="checkbox"/> Child Welfare/Families     | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Policy                                       | <input type="checkbox"/> Aging/Gerontology          | <input type="checkbox"/> Substance Abuse            |
| <input type="checkbox"/> Leadership                                   | <input type="checkbox"/> Health Care                | <input type="checkbox"/> Adoption/Foster Care       |
|   | <input type="checkbox"/> Schools                    | <input type="checkbox"/> Other                      |
|   | <input type="checkbox"/> Mental Health (Inpatient)  | <input type="text"/>                                |
|   | <input type="checkbox"/> Mental Health (Outpatient) |   |

6. **Populations Served:** Please check all that apply.

- |  |                                       |                                |
|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Infants/Preschool | <input type="checkbox"/> Young Adults | <input type="checkbox"/> Other |
| <input type="checkbox"/> Children          | <input type="checkbox"/> Adults       | <input type="text"/>           |
| <input type="checkbox"/> Adolescents       | <input type="checkbox"/> Elderly      |                                |

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**

Other Comments:

**8. Please indicate in the agency requires any of the following for students:**

TB Testing

Agency Expense

Student Expense

Background Check

Agency Expense

Student Expense

Paper Finger Printing

Agency Expense

Student Expense

Electronic Finger Printing

Agency Expense

Student Expense

Training Session(s)

If so, please provide time requirements:

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

If yes...

1. In the form of a grant to the School's scholarship fund?

Yes

No

2. Specific agency stipend?

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 services does the agency provide?

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

**Signature:**

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**Date:**

**Phone: (313) 577-4446**  
**Fax: (313) 577-2323**  
**Email: [ac1724@wayne.edu](mailto:ac1724@wayne.edu)**  
**[field\\_education@wayne.edu](mailto:field_education@wayne.edu)**

**Please return to: Anwar Najor-Durack**  
**Director of Field Education**  
**Wayne State University—School of Social Work**  
**4756 Cass Avenue—Rm. 142 Thompson Home**  
**Detroit, MI 48202**