



		Date:			
Last Name:		First Name:	Middle Initial:		
Email:		Cell Phone:			
MSW Degree Year Granted:		MSW Degree Institution:			
Other Graduate Degrees:		Other Degree Institution:			
Professional Credentials (ACSW, BCD, LMFT, etc.):					
<p>Students must choose a pathway -- Community Change; Global Social Work Practice; Interpersonal Practice in Integrated Health, Mental Health, and Substance Abuse; Management & Leadership; Policy & Political Social Work; Program Evaluation and Applied Research; Social Work Practice with Older Adults and Families from a Lifespan Perspective; or Welfare of Children & Families</p> <p>Check the student Pathway(s) in which you are best prepared to provide field instruction:</p>					
<p><u>Pathways</u></p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Community Change <input type="checkbox"/> Global Social Work Practice <input type="checkbox"/> Interpersonal Practice in Integrated Health, Mental Health, and Substance Abuse <input type="checkbox"/> Management & Leadership </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Policy & Political Social Work <input type="checkbox"/> Program Evaluation and Applied Research <input type="checkbox"/> Social Work Practice with Older Adults and Families from a Lifespan Perspective <input type="checkbox"/> Welfare of Children & Families </td> </tr> </table>				<input type="checkbox"/> Community Change <input type="checkbox"/> Global Social Work Practice <input type="checkbox"/> Interpersonal Practice in Integrated Health, Mental Health, and Substance Abuse <input type="checkbox"/> Management & Leadership	<input type="checkbox"/> Policy & Political Social Work <input type="checkbox"/> Program Evaluation and Applied Research <input type="checkbox"/> Social Work Practice with Older Adults and Families from a Lifespan Perspective <input type="checkbox"/> Welfare of Children & Families
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Agency/Program name & address where mail for you can be directed:		Work Phone:			
		Work Fax:			
State of Michigan License Information:		Non-Michigan or Other MI License:			
<input type="checkbox"/> LMSW - Macro <input type="checkbox"/> LLMSW <input type="checkbox"/> LMSW - Clinical <input type="checkbox"/> None					
License Perm ID#:		License Perm ID#:			
Issue Date:	Expiration Date:	Issue Date:	Expiration Date:		

Please submit this completed application, a current resume and uniqaume forms for approval as a U-M SSW field instructor.

Please contact ssw-fieldoffice@umich.edu with questions.

My signature below indicates that:

- I will attend a Field Instructor Training Workshop within the next year (offered twice a year) and/or consult with my assigned Field Faculty
- I will provide at least one hour per week (minimum) of scheduled supervision to my assigned student(s)
- I agree to assist my student in developing their Educational Agreement assignments and will complete their evaluation each term.
- I will abide by the National Association of Social Workers Code of Ethics ([https://www.socialworkers.org/About/Ethics/Code-of-Ethics/ Code-of-Ethics-English](https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English))
- I will abide by the University of Michigan non-discrimination statement as follows:

I shall accept, assign, supervise, and evaluate qualified students regardless of race, color, sex, religion, national origin, age, familial status, marital status, disability, veteran status, height, weight, in accordance with applicable federal and state law, including accepting students without regard for sexual orientation, gender identity, and gender expression.

Signature

Date