**AGENCY/FIELD INSTRUCTOR – APPLICATION**

Agency Name: Click here to enter text.

Division/Program Name: Click here to enter text.

Name/Title of Agency Director: Click here to enter text.

E-Mail: Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Click here to enter text.

Click here to enter text. Fax #: Click here to enter text.

Name/Title of Educational Coordinator: Click here to enter text.

*(Person who serves as main contact to Adelphi)*

Educational Coordinator’s Phone #: Click here to enter text. Ext: Click here to enter text.

Email: Click here to enter text.

**Description of Agency:**

Agency Auspices:  voluntary/non-profit  private/for-profit  public  other: Click here to enter text.

**Licensed by:**  **OMH**  **OASAS**  **DOH**  **OPDD**  **OCFS**  **DOC**  **STATE EDUCATION**  **OCFS**  **OFFICE OF THE AGING**  **JCAHO OTHER:**Click here to enter text.

**Type of Agency (check as many as apply)**

mental health developmental disabilities forensic

chemical dependency physical disabilities domestic violence

health care youth services psychiatric

occupational community center child welfare

educational/school geriatric services public welfare

Other (please specify): Click here to enter text.

**Service Settings (check as many as apply) Agency Hours of Operation**

inpatient home-base Monday: Click here to enter text. Friday: Click here to enter text.

outpatient residential Tuesday: Click here to enter text. Saturday: Click here to enter text.

day treatment community-based Wednesday: Click here to enter text. Sunday: Click here to enter text.

Click here to enter text. Click here to enter text. Thursday: Click here to enter text.

**Agency Services Provided (check as many as apply)**

individual home visiting committee participation

family biopsychosocial assessment work with coalitions

group multi-axial diagnosis psychoeducation

short-term treatment planning substance abuse monitoring

long-term crisis intervention grant writing

milieu treatment interdisciplinary collaboration research

case management court liaison program development

community organization information and referral case advocacy

entitlement advocacy macro practice social action

Other: Click here to enter text.

Agency Population Served: (Describe the client/consumer population served by the agency (age, gender, socio-economic status, race, religion, ethnicity, sexual orientation, language and culture, etc) :

Click here to enter text.

**Description of Proposed Student Assignments**

**Micro Practice (check as many as apply)**

individual advocacy crisis intervention

family home visiting interdisciplinary collaboration

short-term biopsychosocial assessment information and referral

long-term multi-axial diagnosis psychoeducation

case management treatment planning substance abuse monitoring

Describe student’s primary micro practice assignment:

Click here to enter text.

**Mezzo (Group) Practice (check as many as apply)**

**Types of Groups Group Leadership Group Development**

short-term sole worker New Group

long term co-leadership Existing Group

milieu treatment with field instructor Student Developed

problem solving with other staff

psychoeducation with other student

behavioral change observe only

Describe student’s mezzo practice assignment:

Click here to enter text.

**Macro Practice (check as many as apply)**

public presentations work with coalitions voter registration inter-org. coordination

work with volunteers grant writing community education budgeting

cause advocacy fund raising resource development administration

social action/ reform lobbying needs assessment program development

Describe student’s macro practice assignment:

Click here to enter text.

**Research Opportunities**

Describe research opportunities in which students may become involved:

Click here to enter text.

**Agency Meetings\***

Please identify meetings that will be required or recommended for students placed in your agency ( e.g. Team Meetings, Case Conferences, Department Meetings, Group Supervision, Grand Rounds, Staff Development, etc.):

Click here to enter text.

\*( please note: students have complicated academic schedules which need to be considered in determining expectations for participation in agency meetings)

Does your agency require any of the following (please check all that apply):

Medical Clearance Tuberculosis TB test Proof of Legal Residence (VISA or GREEN CARD)

CPS Clearance Drug Testing Finger Printing

Criminal Background Check Proof of US Citizenship

Resume

Any other requirements? Click here to enter text.

**Students Requested for the school Year**

For the school year we are requesting the following:

1. Undergraduate Juniors (10 hrs/week) (#) Click here to enter text.
2. Undergraduate Seniors (14 hrs/week) (#) Click here to enter text.  
   *Senior Year assignments are comparable to 1st Year*
3. First Year Graduates (14 or 21 hrs/week) (#) Click here to enter text.
4. Second Year Graduates (14 or 21 hrs/week) (#)

**Total Number of Students Requested** (#) Click here to enter text.

**Anticipated Number of Social Work Students for Placement in the Agency**

From other schools of social work: Click here to enter text.

**Evening and Weekend Student Assignments**

If your agency offers an assignment with evening and/or weekend hours to accommodate our experienced employed student population, please specify the following; the evening and weekend days available; required daytime hours(if any); days/hours for supervision:

Click here to enter text.

**Transportation and Access to Agency**

Please describe agency location and access to public transportation:

Click here to enter text.

Please describe agency’s access for disabled students:

Click here to enter text.

**Field Instructors**

*\*Field Instructors for BSW students must have a minimum of 2 years post MSW experience. For all other levels they must have at least 3 years post MSW experience. All first time Field Instructors must attend a free, 12 session Seminar in Field Instruction concurrent with supervising the student. Field instructors who have completed a comparable seminar at another School of Social Work may be exempt from this requirement by our Field Education Department. The seminar is offered at our Garden City, Hauppauge, Manhattan, and Poughkeepsie locations. NYS Law mandates that all Social Workers supervising students must be licensed in NYS.*

Name: Click here to enter text. Position: Click here to enter text.

Address: Click here to enter text.

Work #: Click here to enter text. E-mail: Click here to enter text.

Cell Phone: Click here to enter text.

**LICENSURE**

Do you have a current New York State License to practice social work? Choose an item.

If Yes, Choose an item. Date Received: Click here to enter text.

**PROFESSIONAL WORK EXPERIENCE, Please attach a resume**

**SEMINAR IN FIELD INSTRUCTION \***

SIFI completed? Choose an item. If YES, Name of SIFI school, date Click here to enter text.

**Comments (For application purposes, is there any other information we should know about your agency?)**

Click here to enter text.

Click here to enter text. Click here to enter a date.

***Signature of Educational Coordinator***  *Date*