MSW for Human Service Professionals
Verification Form – Current Employer

We have received an application for admission to the Master of Social Work (MSW) for Human Service Professionals program path at Adelphi University. Please complete this form so the School may evaluate the candidate’s eligibility for this plan of study. To be eligible for this program, the applicant must have at least two of the last five years of supervised, employed experience in a social work related position and maintain concurrent employment while enrolled in the Masters of Social Work program at Adelphi University.

We request that you complete the form to verify the candidate’s experience and confirm the Agency’s commitment to providing an employment based field experience, with separate and distinct responsibilities from their current duties. The field practicum must be supervised by a licensed MSW or CSW.

Please complete the following information:

Name of Employee/Prospective Student:_______________________________________________

Name of Agency:____________________________________________________________________
Agency Address: ____________________________________________________________________
Street _____________________________________________________________________________
City ______________________________________________________________________________
State _____________________________________________________________________________
Zip ______________________________________________________________________________

Applicant has been employed by this agency for_____ years.
Please indicate dates of employment: ___/___/___ to ___/___/____.

During the applicant’s employment direct supervision has been provided by the following credentialed individual (indicate length of time as applicable):

☐ MSW Length of time: ___ months/years
☐ CSW Length of time: ___ months/years
☐ MHC Length of time: ___ months/years
☐ MA or Ph.D. in Psychology Length of time: ___ months/years
☐ Master’s in related field - please indicate:___________________________________________
   Length of time: ___ months/years

Applicant’s current job title:___________________________________________________________
Applicant’s current job responsibilities:________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Are you currently employed by The Administration for Children’s Services (ACS)?
☐ Yes  ☐ No
   If yes, are you approved for the Professional Development Program (PDP)?
☐ Yes  ☐ No
   If not, are you planning to apply to the Professional Development Program (PDP)?
☐ Yes  ☐ No

At the time of field placement, the agency will be able to provide the following:

Field practicum with responsibilities separate and distinct from current day to day responsibilities.
☐ Yes  ☐ No

Agency supports student using work hours as field hours, if approved by the field department staff:
If yes, hours may be earned as follows:

- ☐ Four semesters of 15 hours per week
- ☑ Three semesters of 21, 21 and 24 hours per week
- ☐ Two semesters of 30 hours per week

Field practicum supervisor with MSW and a minimum of three years of postgraduate experience.

☐ Yes ☐ No

This supervisor has the Certificate in Supervision (SIFI) ☐ Yes ☐ No

If not, the agency agrees to allow the supervisor to attend the 12 session supervision course (SIFI) required by all area Schools of Social Work. ☐ Yes

☐ An external field instructor with SIFI training will be needed.

Recognizing that field practicum will begin in 12-18 months from the student’s enrollment in the program, please indicate to the best of your ability what tasks and assignments the student (employee) will be performing during the field practicum. Field assignment guidelines may be found in our Field Education Manual, page 11.

Please sign below as the authorized agency representative. In doing so, you attest to the intent of the agency to abide by these criteria regardless of your status at the time of the student’s field practicum.

Name (please print): ________________________________

Signature: _______________________________________

Title: ____________________________________________

Email: ___________________________________________

Phone: ____________________

Date: _______________________

Thank you for taking the time to complete this form.

Please return the completed form to:
Office of Graduate Admissions
Adelphi University
One South Avenue PO Box 701
Garden City, New York 11530
graduateadmissions@adelphi.edu

For questions, please contact: Elizabeth Szpilka, LMSW, eszpilka@adelphi.edu 516-877-4384