

**CHICAGO STATE UNIVERSITY**  
**Master of Social Work Program**

**Field Instructor/Task Supervisor Information**

Name:	
Title:	
Agency/School Name:	
Work Address:	Zip Code:
Work Phone:	Fax:
E-Mail Address:	
Home Address:	Zip Code:

<p>1. Do you have an MSW degree from an accredited school of Social Work?  Yes ( ) No ( )</p>			
<p>2. Indicate number of years post MSW work experience.  ( ) &lt;2 years ( ) 2-4 years ( ) 5-7 years ( ) 8 years or more</p>			
<p>3. Do you have a current license to practice Social Work in the state of Illinois?  Yes ( ) No ( ) License #</p>			
<p>4. Education (Please list all degrees)</p> <p style="margin-left: 20px;">Degree:  Institution:  Date of Completion:</p> <p style="margin-left: 20px;">Degree:  Institution:  Date of Completion:</p>			
<p>5. Please list prior Social Work experience:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;"><u>Position</u></td> <td style="text-align: center; width: 33%;"><u>Agency</u></td> <td style="text-align: center; width: 33%;"><u>Begin/End</u></td> </tr> </table>	<u>Position</u>	<u>Agency</u>	<u>Begin/End</u>
<u>Position</u>	<u>Agency</u>	<u>Begin/End</u>	
<p>6. List experience in supervising field practicum students:</p>			

7. Have you attended an Orientation for Field Instruction? Yes (  ) No (  )

8 .List staff supervisory experience:

**Optional: Attach copy of resume or complete this form**