

CHICAGO STATE UNIVERSITY
Master of Social Work Program

Field Instructor/Task Supervisor Information

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

2. Indicate number of years post MSW work experience. () <2 years () 2 years () 5 years () 8 years or more
3. Do you have a current license to practice Social Work in the state of Illinois? Yes () No () License #
4. Education (Please list all degrees) Degree: Institution: Date of Completion: Degree: Institution: Date of Completion:
5. Please list prior Social Work experience: <u>Position</u> <u>Agency</u> <u>Begin/End</u>
6. List experience in supervising field practicum students:

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