

RADFORD UNIVERSITY

School of Social Work

Field Instructor's Information Sheet

Date:
Name & Title:
Email:
Agency:
Mailing Address:

Physical Address:
Telephone: Fax:
Work Cell Number:

Academic degrees completed from

**Please include BSW, MSW, Psychology, Sociology, English, ect. in Degree Conferred column*

Name of School:	Date Attended:	*Degree Conferred:	Accredited:
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VA Board of Social Work Clinical License Number:

State(s) in which you are licensed:

Other Licenses (if applicable):

If not LCSW, do you have 3 years experience providing clinical services post MSW degree?

If BSW/MSW, was your school fully accredited?

Number of years of professional employment post BSW/MSW:

Number of years at agency:

Areas of Specialty:

The Radford University School of Social Work will approve all field agency sites and instructors. By printing your full name below, you agree to adhere to the procedures set out by the Radford University School of Social work.

Printed Full Name:

Please attach resume & return to:
Radford University
School of Social Work, PO Box 6985
Radford, VA 24142