Employment Based Proposal (EBP) MSW SOWK 641/642 & 791/792

Student Name: Academic Year:	
Practicum Location w/ address:	
Employment Position/Title:	
How long have you been employed with this agency:	
Employment supervisor:	
Email Address:	
Phone Number:	
Proposed Field Instructor:	
Email Address:	
Phone Number:	
Task Supervisor (if applicable):	
Email Address:	
Phone Number:	
Student Advisor:	
Have you checked with Diana Joyce <u>dsjoyce@radford.edu</u> for confirmation of an Affiliation Agreement on file with this agency?	n
Yes No	
If not, please contact Diana Joyce immediately before moving forward with this proposal.	

With this proposal narrative attach the following:	
Signed Letter of Approval	
Agency job description (do not send screenshot)	

Are you in good standing with your agency?	
Yes No	

hours must be specified and must include duties which correlate to the Competencies. These hours are considered internship hours. Employment hours must also be specified although these do not count towards internship hours. Please specifically list days and times.
Please indicate which hours of employment will be counted toward your internship hours.
Does your Field Instructor meet the educational requirements? (MSW from a CSWE-accredited school with at least with two years of experience post degree for SOWK 641/642, MSW from a CSWE-accredited school with at least 3 years of experience post degree for SOWK 791/792)
Yes No
Has this person agreed to provide weekly supervision for one hour?
Yes No
Is the proposed field instructor aware of our policy regarding supervision? "MSW generalist year students may participate in weekly social work group supervision, but individual weekly social work supervision must be provided a minimum of two times per semester. Clinical MSW students are required to minimally have weekly individual social work supervision."
Yes No
Has this person agreed to attend the field instructor orientation that will be held prior to the start of your internship?
Yes No
Is there an agency policy regarding termination and its effect on an internship?
YesNo If yes, please explain
Read each of these bullets and sign indicating you understand and agree: • Should I consider quitting my employment, I must make immediate contact with the Field Coordinator and provide any updates on my situation Initial Here
 I understand if this proposal is approved, it is only for this proposed internship. Initial Here

Students must recognize that every hour of employment does not count toward field hours. Field

have to restart field hours.	_ Initial Here
Should I quit or be terminated fr internship hours Initial H	om this employment, I may have to restart Iere
Read each of these bullets and sign indic	cating you understand and agree:
University School of Social Wor if said performance results in ter suspension. The Radford Univer information in rendering a decisi practicum course. I do hereby ag	lacement agency to release to the Radford rk Program information regarding my performance, mination, disciplinary action or employment rsity School of Social Work may consider this ion about my continued participation in the field gree to hold such employers/agencies, references, tility for releasing said information.
Signature:	
Educational objectives (Learning Agro https://www.radford.edu/content/dam. ments website/Specialization%20Lear	/colleges/wchs/socialwork/documents/field_docu
•	
Student Name	Student Signature
Field Instructor Name	Field Instructor Signature
Employment Supervisor Name	Employment Supervisor Signature
************	****************
For the Field Office:	
Does this agency meet the Competencies	s?
Yes No	
Approved:	
Yes No Date	

• Should I quit this employment, I cannot automatically change internships and I may