

# Stony Brook

School of Social Welfare  
Health Sciences Center  
State University of New York at Stony Brook  
Stony Brook, New York 11794-8231  
Telephone: (631) 444-2143

## FIELD INSTRUCTOR SOCIAL WELFARE EXPERIENCE

Date: \_\_\_\_\_

### I. PERSONAL:

Name: \_\_\_\_\_

Last

First

Home Address: \_\_\_\_\_

No. & Street

City

State

Zip

Telephone: \_\_\_\_\_

Languages spoken (other than English): \_\_\_\_\_

### II. EDUCATION:

Name of Institution

Dates Attended

Degree(Date)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. LICENSURE: LCSW Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

### IV. CURRENT AGENCY AFFILIATION:

Name of Agency: \_\_\_\_\_ Branch: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone #.: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Starting date of employment at this agency: \_\_\_\_\_

V. List specialized area of social work knowledge and/or training: \_\_\_\_\_

\_\_\_\_\_

**VI. SOCIAL WORK EMPLOYMENT:** (Excluding current employment listed above, list employment for the last 5 years. Use separate sheet if needed.)

Title: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ # of hours per week \_\_\_\_\_

Name of Agency Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Total # of staff you supervised: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Total # of students you supervised: Graduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Undergraduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

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Title: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ # of hours per week \_\_\_\_\_

Name of Agency Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Total # of staff you supervised: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Total # of students you supervised: Graduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Undergraduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

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Title: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ # of hours per week \_\_\_\_\_

Name of Agency Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Total # of staff you supervised: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Total # of students you supervised: Graduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Undergraduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

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Title: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ # of hours per week \_\_\_\_\_

Name of Agency Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Total # of staff you supervised: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Total # of students you supervised: Graduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Undergraduate \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

**VII. Have you taken a course/seminar in field instruction (SIFI)?** YES \_\_\_ NO \_\_\_

If so, where? \_\_\_\_\_

when? \_\_\_\_\_

Taught by: \_\_\_\_\_

**VIII. List current membership in professional organizations and any social action activities.**

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**IX. Are there particular practice orientations or modalities that you and/or agency find helpful in providing service and are able to share with students? (e.g., family therapy, short-term focused counseling, group work, etc.).**

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**Please return completed form to:**

Jeanne Finch, D.S.W.  
Assistant Dean for Field Instruction  
School of Social Welfare  
Health Sciences Center, Level 2, Room 093  
State University of New York at Stony Brook  
Stony Brook, NY 11794-8231

08/05