

Please make copies as needed

Date: _____

THE UNIVERSITY OF TENNESSEE COLLEGE OF SOCIAL WORK

PERSONNEL INFORMATION

ACADEMIC YEAR _____

FIELD INSTRUCTOR

TASK INSTRUCTOR
(Check which applies)

Name: _____

Agency: _____ Position/Title: _____

Address: _____
(Street) (City, State) (Zip Code)

Telephone: _____ E-Mail: _____

How long have you worked at this agency? _____

How long have you been in your current position ? _____

Graduate Education: College or University: _____

Attendance Dates: _____ Degree(s): _____ Major: _____

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Have you supervised Social Work students before? Yes No

If you previously provided field supervision to UTCSW students: How long: _____

How many students? _____

How many hours of field instructor certification training have been completed to date?

Please attach a resume and submit with this document