



Rowan University
Master of Social Work Program
Agency & Field Instructor Application

Agency Name: _____
Address: _____
Main Phone: _____ **Website:** _____

Agency Information

Agency Type: (Select **all** categories that apply to the practice areas of the agency)

<input type="checkbox"/> Aging/Gerontology	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> Health/Integrative Health	<input type="checkbox"/> Immigrant/Refugee Work
<input type="checkbox"/> Crisis Services	<input type="checkbox"/> Developmental Disabilities
<input type="checkbox"/> Displaced Persons/Homeless	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Community Development/Planning	<input type="checkbox"/> Family Services
<input type="checkbox"/> PTSD/Veterans	<input type="checkbox"/> Domestic Violence/Violence
<input type="checkbox"/> Addictions/Physical Dependence	<input type="checkbox"/> Corrections/Criminal Justice
<input type="checkbox"/> Community Mental Health/Mental Health	<input type="checkbox"/> Administration
<input type="checkbox"/> Public Assistance/Welfare	<input type="checkbox"/> Child Welfare
<input type="checkbox"/> Social Policy	<input type="checkbox"/> School Social Work
<input type="checkbox"/> Military Social Work	<input type="checkbox"/> Group Services
<input type="checkbox"/> LGBTQI+	<input type="checkbox"/> Other
<input type="checkbox"/> Sex Offender Programming	

Scope of Practice: Social work education requires students to have tasks that help them learn to engage, assess, and intervene in **ALL 5 areas of practice**. (Individuals, Families, Groups, Communities, and Organizations)

Please answer the following questions:

- 1) Is your agency equipped to help students learn in all 5 areas?
 - Yes
 - We have opportunities in most areas and are willing to discuss how we can accommodate the remaining areas.
 - No, our opportunities are limited, and we are unable to expand tasks for students.

- 2) Does your agency have opportunities to provide telehealth?

Telehealth is defined for this purpose as the provision of social work services remotely by means of electronics and telecommunications technology. This is not limited to clinical services.

- Yes – **If yes, you will need to complete page 6**
- No – If not, you may skip page 6

Tasks for Students: (Please check all that apply)

(Please note that some foundation-level tasks may be applicable for concentration-level students)

Foundation	Clinical/Advanced
<input type="checkbox"/> Case Management	<input type="checkbox"/> Clinical Mental Health/Biopsychosocial Assessments
<input type="checkbox"/> Community Outreach/Macro Project	<input type="checkbox"/> Individual Therapy
<input type="checkbox"/> Court Advocacy	<input type="checkbox"/> Group/Family Therapy
<input type="checkbox"/> Psychoeducational Groups	<input type="checkbox"/> Developing Treatment Plans
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Intakes	<input type="checkbox"/> Discharge Planning
<input type="checkbox"/> Multidisciplinary Team Meetings	<input type="checkbox"/> Evidence Based Treatment/Interventions
<input type="checkbox"/> Policy-related Tasks	<input type="checkbox"/> Interprofessional Collaborative Care
<input type="checkbox"/> Research/Planning	<input type="checkbox"/> Clinical Case Management
<input type="checkbox"/> Resource Referrals	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Termination with Clients	<input type="checkbox"/> Clinical Intakes
<input type="checkbox"/> Quality Assurance/Risk Management	<input type="checkbox"/> Clinical Documentation/Progress Notes

Please complete this section if you have an MSW and 2 years of post-graduate experience. (Please skip to page 4 if you do not have an MSW degree)

Field Instructor Information (If there are multiple field instructors for your agency, please attach the needed information on additional paper or if electronic, at the end of this application)

Name: _____

Job Title:

Email:

Agency Phone:

Direct Phone:

Cell Phone:

Credentials: (Please check all that apply)

License Number:

<input type="checkbox"/> MSW	<input type="checkbox"/> LSW	<input type="checkbox"/> LMSW	<input type="checkbox"/> LCADC	<input type="checkbox"/> LCISW	Other: _____
<input type="checkbox"/> LCSW	<input type="checkbox"/> LGSW				

Please complete AND submit a copy of your resume

Bachelor's Degree:	Subject Area:
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Institution:	Year of Completion:
Master's Degree:	Subject Area:
Institution:	Year of Completion:
Doctoral Degree:	Subject Area:
Institution:	Year of Completion:

Requirements

I am aware of and can fulfill the webcam requirement to conduct virtual site visits. Yes No

I will provide at least one hour per week (minimum) of scheduled supervision to my assigned student(s). I understand that weekly supervision may be conducted in groups, but I will meet with students individually at least once per month. **Initial-**

I agree to provide supervision the entire duration of the internship. If there is a change in the supervision plan, I will notify the Field Education Coordinator immediately. **Initial-**

I will review agency safety policies with my assigned student(s). **Initial-**

I agree to assist my student(s) in developing their Field Experience Learning Agreement Form. **Initial-**

I agree to complete mid-term and final evaluations of the student. **Initial-**

I will abide by the National Association of Social Workers Code of Ethics. **Initial-**

I have read the social work field manual and agree to abide by the Rowan University Social Work Program Field Policies. **Initial-**

Rowan University's Policy on Electronic Signatures:

Rowan University manages the application processes in a nearly paperless environment, which requires reliance on verifiable electronic signatures, as regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, their email

address, or any other identifying marker. An electronic signature is just as valid as a written signature if both parties have agreed to conduct the transaction electronically.

Signature

Email

Please Complete this Section if you **DO NOT have a Master of Social Work Degree (MSW)**

Field Instructor Information

Name _____

Credentials: (Please check all that apply)

License Number:

<input type="checkbox"/> PsyD	<input type="checkbox"/> LPC	<input type="checkbox"/> LMFT	<input type="checkbox"/> LMHC	<input type="checkbox"/> LCADC	<input type="checkbox"/> Psychologist
Other:					

Please complete

Bachelor's Degree: Institution:	Subject Area:	Year of Completion:
Master's Degree: Institution:	Subject Area:	Year of Completion:
Doctoral Degree: Institution:	Subject Area:	Year of Completion:

Job Title:

Email:

Direct Phone:

Agency Phone:

Cell Phone:

Requirements

I am aware of and can fulfill the webcam requirement to conduct virtual site visits.

Yes No

I will provide at least one hour per week (minimum) of scheduled supervision to my assigned student(s). I understand that weekly supervision may be conducted in groups, but I will meet with students individually at least once per month.

Initial-

I agree to provide supervision the entire duration of the internship. If there is a change in the supervision plan, I will notify the Field Education Coordinator immediately. **Initial-**

I will review agency safety policies with my assigned student(s). **Initial-**

I agree to assist my student(s) in developing Learning Contract **Initial-**

I agree to complete mid-term and final evaluations of the student. **Initial-**

I will abide by the National Association of Social Workers Code of Ethics. **Initial-**

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Signature

Email

Date

Telehealth Opportunities (if applicable)

Please Complete this section if telehealth opportunities are available.

Telehealth is defined for this purpose as the provision of social work services remotely by means of electronics and telecommunications technology. Students are not allowed to conduct telehealth visits without the virtual or physical availability of the approved supervisor.

Students need to have approval from the Rowan University's Social Work Field Education Coordinator before providing telehealth.

Questionnaire: To be completed and signed by site supervisor

Supervisor Name:

1. I have been trained in providing telehealth services for clients. Yes No
2. I give consent for Rowan MSW students to provide telehealth services at my agency under my supervision. Yes No
3. I will provide appropriate telehealth supervision including educating students about agency protocols for responding to a client emergency while providing telehealth.
 Yes No

4. I have established a system by which students can reach me if there is an emergency while conducting a telehealth session. Yes No
5. Does your telehealth system allow you to join the call/video the student is conducting?
 Yes No Don't know
6. I verify that my state board allows interns to provide telehealth. Yes Don't know
7. What technology system does your agency utilize to provide telehealth?
8. Is this technology system HIPAA compliant? Yes No Don't know
9. In what state(s) do clients of the student reside?
10. In what state(s) are you as a supervisor licensed to practice?
11. Does your state have specific licensure requirements related to telehealth? Yes No
 Don't know
If yes to item 11 Please provide a link to the requirements
If yes to item 11: Do you meet the licensure requirements of your state for providing telehealth? Yes No Don't know
12. Has your state made special provisions for telehealth in light of the COVID-19 health crisis? Yes No Don't know

Date:

Supervisor E-mail (Must be entered by supervisor for an electronic signature for authentication):

Supervisor Signature (Must be signed by supervisor if completing this form manually):