

**The University of Oklahoma School of Social Work  
Practicum Application & Placement Checklist**

NOTE: This checklist signals us to audit and enroll you in the Practicum; submit via D2L.

STUDENT NAME: \_\_\_\_\_

SWK Practicum Course Number: \_\_\_\_\_ Concentration Year Students please check  DP  ACP

Check all that apply:  Fall/Spring  Spring/Summer Extended  Modified  CWPEP  Employment-based

MY PRACTICUM BEGINS \_\_\_\_\_ ENDS \_\_\_\_\_

PRACTICUM FACILITY \_\_\_\_\_ PROGRAM / UNIT \_\_\_\_\_

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❖ **APPLICATION MATERIALS**

DATE SUBMITTED D2L

- PRACTICUM APPLICATION (PARTS I & II) & SIGNED RELEASE  \_\_\_\_\_
- EBPP APPLICATION (APPLICATION PART III) & SIGNATURES  \_\_\_\_\_
- CURRENT JOB DESCRIPTION (EBP)  \_\_\_\_\_
- JOB PERFORMANCE REVIEW OR LETTER (EBP)  \_\_\_\_\_
- UPDATED PROFESSIONAL RESUME  \_\_\_\_\_
- UPDATED PROFESSIONAL STATEMENT  \_\_\_\_\_

❖ **PLANNING CONFERENCES & INTERVIEWS**

- STUDENT PLANNING CONFERENCE WITH PRACTICUM COORDINATOR  \_\_\_\_\_
- SITE INTERVIEWS
  - Site 1: \_\_\_\_\_ Met with: \_\_\_\_\_ Date: \_\_\_\_\_
  - Site 2: \_\_\_\_\_ Met with: \_\_\_\_\_ Date: \_\_\_\_\_
  - Site 3: \_\_\_\_\_ Met with: \_\_\_\_\_ Date: \_\_\_\_\_
  - Site 4: \_\_\_\_\_ Met with: \_\_\_\_\_ Date: \_\_\_\_\_

❖ **COMPLETED ALL SITE SPECIFIC REQUIREMENTS**

\_\_\_\_\_

❖ **PRACTICUM PLACEMENT MATERIAL**

DATE SUBMITTED D2L

- COMPLETED PRACTICUM PLACEMENT FORM & SIGNATURES  \_\_\_\_\_
- MOU-ATTACHMENT A - SIGNED  \_\_\_\_\_
- MOU MEMORANDUM OF UNDERSTANDING & SIGNATURES  \_\_\_\_\_  
OR VERIFICATION OF ACTIVE MOU  \_\_\_\_\_
- PROFESSIONAL LIABILITY INSURANCE VERIFICATION  \_\_\_\_\_  
OR STUDENT ACTIVITY - INSURANCE VERIFICATION LETTER  \_\_\_\_\_
- REQUEST FOR MODIFICATION OF PRACTICUM, IF APPLICABLE
- HIPAA TRAINING CERTIFICATE - MEDICAL SITES  \_\_\_\_\_

❖ **SUBMITTED THIS CHECKLIST**

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Student Signature: \_\_\_\_\_

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