

**THE UNIVERSITY OF OKLAHOMA SCHOOL OF SOCIAL WORK  
PRACTICUM PROGRAM  
APPLICATION for FIELD INSTRUCTION**

**PART III  
Proposal for Employment-Based Practicum Placement**

Employment-Based Practicum Placements are open only to **foundation year graduate students who have completed the first year of part-time coursework and concentration year graduate students in their final year of study**. No undergraduate student is eligible for an employment-based placement. Before completing this form, see the Practicum Manual for guidelines, requirements, and procedures for Employment-Based Practicum Placements.

All proposals **MUST** be signed by all parties. **No incomplete applications or applications submitted after the deadline will be considered.** Proposals will be reviewed by a faculty committee and each student will be notified of approval by the Practicum Coordinator on the student's campus.

**Prior approval by the Practicum Program is required for all Employment-Based Practicum Placements.**

---

**Student Name:** \_\_\_\_\_

Agency at which you currently work and at which you are requesting an employment-based placement. \_\_\_\_\_

Agency address:

\_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Website \_\_\_\_\_ Fax \_\_\_\_\_

Current Job Title \_\_\_\_\_

Current work Supervisor \_\_\_\_\_

Phone number of Supervisor \_\_\_\_\_

e-mail address of Supervisor \_\_\_\_\_

Agency Administrator \_\_\_\_\_

Phone number of Administrator \_\_\_\_\_

e-mail address of Administrator \_\_\_\_\_

How long have you been employed at this agency? \_\_\_\_\_

How long in your current position? \_\_\_\_\_

Total average hours worked in this position each week \_\_\_\_\_

A. Describe activities that are part of your current responsibilities and attach a job description and a copy of your most recent performance evaluation. If your employer has no formal evaluation tool or a formal evaluation has not yet been completed, a letter from your current employment supervisor may be substituted.

B. Describe in detail the work you will be doing as a part of an employment-based placement. Describe (1) the specific activities in which you will be engaged; (2) how these activities will differ from your previous or regular job duties; and (3) estimate the hours each week these activities will require.

C. Explain how your proposed activities will meet the learning outcomes of your specific practicum course. Learning outcomes are listed on course syllabi, which are available in the Practicum Manual Appendix on the website. Foundation year students (SWK 5413 and 5423) must use outcomes 4 through 9. Concentration year students (SWK 5820) must use outcomes 1-6. Be sure to use the correct syllabus for the course in which you will be enrolled.

D. How does your proposed Employment-Based Practicum Placement represent a new learning experience for you? **Describe in detail.**

E. How does your employment-based proposal relate to your educational and career goals? **Describe in detail.**

F. Will you be totally released from your current work responsibilities while fulfilling the requirements of the Practicum? If so, how will your current work responsibilities be covered? If not, how will you manage to fulfill job and educational responsibilities at the same time?

G. To what unit or program will you be assigned? \_\_\_\_\_

Name the social worker who will serve as your Practicum Instructor for your EBPP

\_\_\_\_\_

Is this person your current work supervisor?  YES  NO

Who is the supervisor for your proposed Practicum Instructor?

\_\_\_\_\_

In what position does your proposed Practicum Instructor currently work?

\_\_\_\_\_

Name the employee who will supervise your employment during your EBPP.

Is this person your current work supervisor?  YES  NO

H. Print the names of the professionals who will help you fulfill your educational requirements:

**Proposed Practicum Instructor:** \_\_\_\_\_  
(must have an MSW)

Mailing address \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail address \_\_\_\_\_

**Proposed Preceptor (if applicable):** \_\_\_\_\_ **Position** \_\_\_\_\_

Degree \_\_\_\_\_ Certification or License \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail address \_\_\_\_\_

### Required Signatures

The signatures below indicate that

- the foregoing information is accurate
- all parties have read and will adhere to the University of Oklahoma School of Social Work Field Education Employment-Based Practicum Placement guidelines.
- all parties will support the academic needs of the employee/student that go beyond and are in addition to the ordinary requirements of employment

The undersigned acknowledge that they have read and approved this application for an Employment-Based Practicum Placement.

---

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Work Supervisor

\_\_\_\_\_  
Date

