



THE UNIVERSITY OF OKLAHOMA
SCHOOL OF SOCIAL WORK



PRACTICUM INSTRUCTOR INFORMATION FORM

Last Name _____ First Name _____ Title _____

Preferred credential _____

Preferred mailing address _____

City _____ State _____ Zip _____

Is this address work home other ?

Preferred E-mail address _____

Preferred phone number _____ Alternate phone number _____

Social Work degree:

BSW or equivalent (BA in Social Work/ BSSW) Year awarded _____

MSW or equivalent (MA in Social Work/ MSSW) Year awarded _____

Granting university of highest social work degree _____

License including State of issue and license number _____

Additional credentials and certifications _____

Place of employment _____

Current position _____ Number of years in current position _____

If you provide practicum instruction at agencies other than your place of employment, please list those agencies:

Have you supervised social work students in the past two years? Yes No

If yes, how many? _____

The OUSSW is required to have a current resume on file for all practicum instructors. Does the OUSSW Practicum Program have a current copy of your resume? Yes No

If no, please submit a copy either by email to bradford@ou.edu or by mail to Laurie Bradford, 1005 South Jenkins, Norman, OK 73019.

For our records, we would like you to indicate if you are a member of NASW. Lack of membership in NASW will not affect your approval as an OUSSW practicum instructor.

Are you a member of NASW? Yes No

Date _____