



THE UNIVERSITY OF OKLAHOMA
SCHOOL OF SOCIAL WORK



PRACTICUM PRECEPTOR 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 _____

Graduate degree: _____

Year awarded _____ Granting university _____

License including State of issue and license number _____

Additional credentials and certifications _____

Place of employment _____

Current position _____ Number of years in current position _____

Professional organizations of which you are a member _____

In the last two years, approximately how many social work students have you supervised as a Practicum Preceptor? _____

Date Submitted