MSW FIELD VERIFICATION form

I HAVE COMPLETED MY PRE-PLACEMENT VISIT TO THE AGENCY BELOW ON THE DATE NOTED. I ACCEPT THIS ASSIGNMENT AS MY FIELD PLACEMENT. I UNDERSTAND THAT THIS COMMITMENT IS FINAL, PENDING APPROVAL BY THE FIELD OFFICE.

I UNDERSTAND THAT I AM EXPECTED TO MEET ALL AGENCY REQUIREMENTS PRIOR TO THE START OF FIELD AND WILL REPORT TO FIELD ON THE DATE PROVIDED ON THE FIELD CALENDAR UNLESS OTHERWISE ARRANGED WITH MY FIELD INSTRUCTOR.

DATE OF VISIT: ___________________________________________  
AGENCY: ______________________________________________
FIELD INSTRUCTOR’S NAME: (Please Print) ____________________________
(The individual who will provide you regular supervision during your internship)
FIELD INSTRUCTOR’S E-MAIL: ______________________________________
FIELD INSTRUCTOR’S PHONE: ________________________________
FIELD INSTRUCTOR completed required Seminar in Field Instruction (SIFI) yet? YES [ ] NO [ ]
FIELD INSTRUCTOR’S SIGNATURE: ______________________________________
STUDENT’S NAME: (Please Print) _________________________________
STUDENT’S PHONE: _______________ STUDENT’S EMAIL ______________________
SCHEDULE: DAYS AND TIMES OF FIELD __________________________________________

In order to obtain a permission number to register for Field Instruction III (RSSW 752), I understand that I must complete and submit this form, along with the Closure Contact form, to the Field Education Office by the due date above. I understand that not completing the placement process in a timely manner will prevent me from registering from field. As a result, I may be charged late registration fees.
STUDENT’S SIGNATURE: ______________________________________

Please return this form to:
SCHOOL OF SOCIAL WELFARE, FIELD EDUCATION OFFICE
University at Albany
135 WESTERN AVENUE
ALBANY, NY 12222
FAX # (518) 442-5202
EMAIL: sswfieldoffice@albany.edu

Field Instructors: Please keep a copy of this completed form for yourself (and for human resources or internship coordinator, if applicable in your agency).