UB SCHOOL OF SOCIAL WORK
FIELD EDUCATION DEPARTMENT
AGENCY PROFILE FORM (2015-2016)

Please complete for any Program/Site where MSW interns may be placed.

Date ______________________

For SSW Field Office Internal Use Only

☐ New Site  ☐ Main Site Name ____________________________ ☐ Sub Site

Field Educator Name (if known) ________________________

Outside Field Educator Name (if known) _____________________________

☐ Need Outside Field Educator (for Director use) / suggested Outside Field Educator Name _____________________

Agency Name ____________________________________________________________________

Program/Site Name ________________________________________________________________

Address _________________________________________________________________________

City ____________________________   State ____________   Zip/Postal Code _______________

County ___________________   Telephone ____________________   Fax ___________________

Website (if available) for students to learn more about agency _____________________________

Contact Person/Agency Field Liaison: (Please identify below the person to contact to arrange field placements.)

Name ____________________________________   Title _________________________________

Contact Address (If different than above) ______________________________________________

Telephone and Extension (If different than above) ____________________   Fax __________________

Email (If available) __________________________________________________________________

This program/site is interested in accepting students in the following categories:

<table>
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<tr>
<th>Semesters</th>
<th>Days or Hours Per Week</th>
<th>Student Type</th>
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<tbody>
<tr>
<td>☐ Fall ’15 &amp; Spring ’16</td>
<td>2 days or 15 hours</td>
<td>Foundation Placement (FT &amp; PT)</td>
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<tr>
<td>☐ Fall ’15 &amp; Spring ’16</td>
<td>2 days or 15 hours</td>
<td>Advanced Placement (FT)</td>
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<tr>
<td>☐ Spring &amp; Summer ’16</td>
<td>2 days or 15 hours</td>
<td>Advanced Placement (PT)</td>
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Total Number of Students this program/site can take: _____

Area(s) of Practice (Please check ALL AVAILABLE AREA(S) OF PRACTICE; Does not apply to 1st Foundation Year Students.)

☐ Administration/Management

☐ Child Welfare & Family Systems

☐ Developmental Disabilities

☐ School Social Work

☐ Aging

☐ Community & Social Systems

☐ Health/Disabilities

☐ Alcohol/Drugs/Substance Abuse

☐ Correction/Criminal Justice/Legal Advocacy

☐ Mental Health

How many Licensed MSW Staff work at this site? _____
In addition to students’ regular one-hour of individual supervision, are there any training opportunities for students? (i.e. Inservice training, Group supervision)

Please complete the following information about your program. *(Check all that apply)*

**Practice Settings Available for MSW Interns at the Program/Site**
- ☐ Community Services
- ☐ Corrections
- ☐ Court/Justice System
- ☐ Home-Based Care
- ☐ Hospice
- ☐ Hospital
- ☐ Inpatient
- ☐ School
- ☐ Shelter
- ☐ Other, please specify: ____________________

**Social Work Practice Activities Available for MSW Interns in the Program/Site**
- ☐ Advocacy
- ☐ Administration
- ☐ Alcohol/Drug Treatment Services
- ☐ Assessment
- ☐ Case Management
- ☐ Community Organization
- ☐ Consultation
- ☐ Counseling
- ☐ Crisis Intervention
- ☐ Developmental Disabilities Services
- ☐ Diagnosis/Psychotherapy
- ☐ Discharge Planning
- ☐ Education/Training
- ☐ Grants
- ☐ Grief and loss
- ☐ Group Work
- ☐ Information/Referral
- ☐ Intake
- ☐ Medical
- ☐ Mental Health
- ☐ Outreach
- ☐ Policy Development
- ☐ Preventive Services
- ☐ Program Development/Needs
  - ☐ Assessment
- ☐ Program Evaluation
- ☐ Protective Services
- ☐ Psychiatric
- ☐ Research
- ☐ Resource Procurement
- ☐ Treatment Planning
- ☐ Other, please specify: ____________________

**Client Populations which MSW Interns will have an opportunity to work with** *(Check all that apply)*
- ☐ Adolescents
- ☐ Adults
- ☐ Children
- ☐ Couples
- ☐ Families
- ☐ Females
- ☐ LGBT
- ☐ Males
- ☐ Multi Cultural
- ☐ Older Adults
- ☐ Organizations/Community
- ☐ Veterans

**Ethnicity of Client Population within the Program/Site**
(Please supply approximate percentages.)

_____ % Caucasian (Non-Hispanic)  _____ % Native American
_____ % African American (Non-Hispanic) _____ % Asian/Pacific Islander
_____ % Hispanic/Latino   _____ % Other Specify: __________

This program/site:

Can accommodate students who will need evening hours?  Yes ☐ No ☐
Can accommodate students who will need weekend hours?  Yes ☐ No ☐
What hours (include evenings/weekends if applicable) are regularly available for Student Placements?

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Will student(s) be required to attend agency training (including Specialized Software Training) **prior** to the normal start date of placement as specified by the School of Social Work?  
Yes ☐ No ☐ If yes, please specify dates and length of training. Please be specific.

__________________________________________________________

Are there any specific hours that a student **must** be present at the placement? (i.e. staff meetings)  
Yes ☐ No ☐ If yes, what days and/or hours are required. Please be specific.

__________________________

Is wheelchair accessible?  Yes ☐ No ☐
Is field site on a bus route?  Yes ☐ No ☐
Is a vehicle necessary for travel as part of the placement requirements?  Yes ☐ No ☐
* Due to liability issues, students are not allowed to transport clients.
Is there a fee for parking at or near the agency?  Yes ☐ Fee Amount: __________
No, free parking available ☐
Reimburses mileage for agency related activities?  Yes ☐ No ☐
Does the agency have a policy that may restrict accepting an MSW intern (i.e. intern who has received service from agency, no smoking policy, etc.)?  Yes ☐ No ☐
If yes, please specify: ______________________________________________________
Requires special health screening and/or any other specific requirements besides PPD in past year?  
Yes ☐ No ☐
If yes, please specify: ______________________________________________________
Has potential for student stipends?  Yes ☐ No ☐
Criteria: ___________________________________________________________________
Prefers a student who is bilingual?  Yes ☐ What language? __________ No ☐
Please write a sentence or two that describes the **primary** activities and **focus** of duties for the MSW intern at this site.  **This information will appear online to students interested in this placement. Please be as specific as possible. (Use back of page if necessary.)**
APPENDIX A

LICENSURE STATUS

Name of Agency Site for Placement:

________________________________________________________________________________
________________________________________________________________________________

- **Beginning Fall 2006 all Field Educators in New York State supervising MSW interns will be required to be a NYS Licensed Social Worker:** either Licensed Masters Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW) **unless they are employed at an agency that is exempt according to NYS law.**

- **An exempt agency** is one that has an operating certificate from any of the following agencies: NYS Office of Mental Health, NYS Office of Mental Retardation and Developmental Disabilities, NYS Office of Children and Family Services or NYS Office of Alcoholism and Substance Abuse Services.

Please check any that are appropriate: The above stated placement site has an operating certificate issued by:

☐ NYS Office of Alcoholism and Substance Abuse Services (OASAS)

☐ NYS Office of Mental Health (OMH)

☐ NYS Office of People With Developmental Disabilities (OPWDD)

☐ NYS Office of Children and Family Services (OCFS)

☐ This agency is not operated, regulated or licensed by any of the above state agencies.

Please submit a copy of your agency’s operating certificate with this form.

Return Forms to:
UB School of Social Work, Field Education Department,
685 Baldy Hall, Buffalo, NY 14260-1050

Or Fax (716) 645-3157