

Name _____ Date _____

Other/Previous Last Name _____

I would like to be a Field Educator Task Supervisor

I have supervised UB MSW Students in the past Yes No If yes, Agency Name _____

Criteria for the selection of Field Educators:	Criteria for the selection of Task Supervisors:
<ol style="list-style-type: none"> 1. A Master's Degree in social work and NYS License (either LMSW or LCSW, as appropriate to the setting / level of intern's clinical responsibilities) 2. Willingness to meet the stated Field Educator Responsibilities 3. To be free of any professional sanctions by NASW 4. Two years post-master's social work experience (preferred) 5. Have worked in the field placement agency for 1 year (preferred) 	<p>While a Masters Degree in Social Work is not required for task supervisors, (s)he must work in a related discipline and have an understanding of the social work perspective. The task supervisor typically has expertise in an area that expands a student's learning opportunities.</p>

Reason for completing this profile

I am assigned to an MSW Student – Student Name (if known) _____

I am interesting in becoming a Field Educator/Task Supervisor – I have been in contact with _____ from the School of Social Work's Field Department.

CURRENT EMPLOYMENT

Agency _____

Telephone _____

Address _____

Fax _____

E-mail _____

Title _____

Date
Employed _____

Have you ever been sanctioned by NASW for professional misconduct? Yes No

We would appreciate it if you would please consider supplying the following alternate contact information. This information would be used in the event that we are unable to reach you at your place of employment (i.e. emergencies, change of employment, leave of absence). The personal information below is solely for the Field Department and will not be shared with students.

Personal Email _____

Personal Phone _____

Field Educator / Task Supervisor Profile

Is your current employment agency licensed by any of the following? Check all that apply:

- NYS Office of Mental Health (OMH)
- NYS Office of Children & Family Services (OCFS)
- NYS Office for People With Developmental Disabilities (OPWDD)
- NYS Office of Alcoholism and Substance Abuse (OASAS)

NYS LICENSURE: Please check one:

- I have an LMSW: NYS License # _____
(If you do not have your license number we can look it up for you)
 - I have an LCSW: NYS License # _____
(If you do not have your license number we can look it up for you)
 - I have applied for license/Application for license pending
 - I have not applied for NYS License
-

ETHNICITY

- African American/Other Black
- Chicano/Mexican American
- Other Latino/Hispanic
- Asian American/Other Asian
- Other
- Unknown
- Caucasian (Non Hispanic)
- Puerto Rican
- American Indian/Native American
- Pacific Islander
- Multiple Race/Ethnicity

Field Office Use Only

- Entered into database
- Added to FE ListServ
- New FE Orientation
- Emailed about Taskstream